

3 1223 03473 3312

INTENTION PLANNING COUNCIL (HPPC)

≡ Evaluation Committee

Thursday, January 22, 2004

1:00 pm - 3:00 pm

25 Van Ness Avenue, Room 330B

San Francisco

≡ AGENDA

Welcome and Announcements	1:00-1:10
Public Comment	1:10-1:20
Discuss Scope of Work (possible vote)	1:20-2:00
5/5 Chairs (possible vote) of members & staff	2:00-2:10
(possible vote)	2:10-2:20
(possible vote)	2:20-2:25
	2:25-2:30
Meeting will be ??? 2004 at ???	



San Francisco Public Library

Government Information Center
San Francisco Public Library
100 Larkin Street, 5th Floor
San Francisco, CA 94102

REFERENCE BOOK

to be taken from the Library

to the public and are held in handicapped accessible facilities.
to change, please verify by calling Betty Chan Low at 554-9492.

Government's duty is to serve the public, reaching its decisions in full view of the agencies of the city and county exist to conduct the people's business. This information before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force. Donna Hall, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-2444, Fax: 554-7854, E-Mail: Donna_Hall@ci.sf.ca.us.

In order to assist with the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

DOCUMENTS DEPT.

JAN 21 2004

SAN FRANCISCO
PUBLIC LIBRARY

01-21-04 10:00 AM

HIV PREVENTION PLANNING COUNCIL (HPPC)**Evaluation Committee****Thursday, January 22, 2004****1:00 pm - 3:00 pm****25 Van Ness Avenue, Room 330B****San Francisco****AGENDA**

- | | |
|--|-----------|
| 1. Welcome and Announcements | 1:00-1:10 |
| 2. Public Comment | 1:10-1:20 |
| 3. Discuss Scope of Work (possible vote) | 1:20-2:00 |
| 4. Elect Committee chair/Co-chairs (possible vote) | 2:00-2:10 |
| - Roles & Responsibilities of members & staff | |
| - Community members | |
| 5. Select regular meeting time (possible vote) | 2:10-2:20 |
| 6. Process Evaluation Discussion (possible vote) | 2:20-2:25 |
| 7. Closing (Set Next Meeting) | 2:25-2:30 |

Next meeting will be ??? 2004 at ???

NOTE: All meetings are open to the public and are held in handicapped accessible facilities.
Meeting dates and times are subject to change, please verify by calling Betty Chan Lew at 554-9492.

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force. Donna Hall, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-7724, Fax: 554-7854, E-Mail: Donna_Hall@ci.sf.ca.us.

In order to assist with the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

DOCUMENTS DEPT.

JAN 21 2004

SAN FRANCISCO
PUBLIC LIBRARY

4-21-04 10:10 AM

HIV PREVENTION PLANNING COUNCIL (HPPC)

DOCUMENTS DEPT.

Evaluation Committee

Action Minutes From Meetings:

January 22, 2004

MAR 29 2006

SAN FRANCISCO
PUBLIC LIBRARY

Members Present: Chata Ashley, Ari Bachrach, Manny Grueso, Marcel Miranda, Perry Rhodes, III, Israel Nieves-Rivera.

Members Absent: Michael Discepola, Joani Marinoff, Lisa Reyes (HPS).

Professional Staff: Dara Coan (Harder & Co), Kym Dorman (Harder & Co), Tracey Packer (HPS), Mike Pendo (HPS), David Weinman (Note Taker), and Allison Weston (Harder & Co).

1. Welcome and Announcements

Perry Rhodes, III called the meeting to order at 1:10 PM. He asked attendees to introduce themselves, make announcements, and as an icebreaker question asked, "*What do you plan to do this weekend?*"

2. Public Comment

There was no Public Comment.

3. Discuss Scope of Work

Background

Dara Coan distributed the document entitled, "*A Brief History of Evaluation in San Francisco*," a copy of which is available to absent members upon request.

- Tracey Packer provided an overview of the history of Evaluation in SF -
 - ⇒ In 1999 an HPPC Committee decided upon three levels of evaluation: providers' capacity, intervention research, and the measurement of impact (surveillance data).
 - ⇒ In 1999 the HPPC also started a Behavioral Risk Assessment (BRA) project with providers in which behavioral criteria is used to compile data on outcomes.
 - ⇒ And in 1999 the CDC required funded jurisdictions to implement client-level data reporting.
 - To comply, the HPPC implemented ELI collaboratively with the State of California.
 - * The priority placed on ELI required the HPPC drop its BRA program.
 - Many other jurisdictions flat-out refused to implement any evaluation reporting system.
 - ⇒ 2002-03 the HPPC contracted with CompassPoint to provide OD/TA for ELI implementation.
 - ⇒ In 2003 the CDC released a new evaluation requirement for reporting client-level data, referred to as Program Evaluation and Monitoring System (PEMS).
 - PEMS is a web-based individual-level collection system.
 - The CDC has said that data from ELI will be merged with PEMS system.
 - ⇒ In 2003 the CDC also required evaluation reporting based on their Performance Indicators (a copy is included in the "*Current Evaluation Requirements*" document).
 - The HPS worked with HPPC members to develop one and five-year baselines and goals.
 - ⇒ In 2003 the HPPC wrote a new multi-year HIV prevention plan.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

January 22, 2004

- Israel Nieves-Rivera noted that in 1999 there was a conflict between federal and state authorities regarding what data was to be collected and the CDC backed down allowing states to develop their own system.
 - ⇒ California came up with its ELI system, but many states didn't implement a system at all.
 - ⇒ Last year the CDC mandated the use of PEMS.
 - ⇒ He highlighted that local directly funded agencies are currently entering data into both systems.
 - He pointed out that PEMS and ELI capture different data.

Evaluation Requirements

Dara distributed the document entitled, "*Current Evaluation Requirements*," a copy of which is available to absent members upon request. She provided an overview of the requirements.

- ⇒ She noted that HPS contractors choose an intervention to evaluate for Outcome Evaluation.
- Tracey said that currently it is unclear if the CDC requires Outcome Monitoring and Outcome Evaluation, noting that they are not the same.
- The HPS is meeting with representatives from CDC next week to clarify this issue.
- Israel asked if the criteria for Outcome Evaluation shifted in 1999 from behavior change to other results - such as confirmation of referral.
 - ⇒ Tracey said that originally the criterion was behavioral and that ultimately changing behavior must be the goal.
 - ⇒ Dara noted that the contracting allows flexibility in outcome criteria.
 - ⇒ Israel suggested the committee discuss this as part of its scope of work this year.
- Dara explained that the CDC also requires data for performance indicators that may be problematic.
 - ⇒ Surveillance data, for example, sometimes came from research that is no longer funded.
 - She noted that Willi McFarland pointed out the discontinuation (due to decreased funding) of much of the research previously used for HIV surveillance in his Council presentation 01/08/04.
- In response to Allyson's question, Tracey explained that non-names HIV test reporting uses people's initials and part of their Social Security number as a code/identifier.
 - The code, she added, allegedly can't be traced back.
 - She also noted that not all testing agencies are up and running with this system.
 - Marcel Miranda noted that non-names reporting started in 2002, with screening sites reporting monthly.
 - ⇒ Tracey and Dara suggested inviting Sandy Schwarcz to a Committee meeting to discuss non-names reporting information.
 - Mike also suggested Maree Kay to present at a committee meeting.
- Israel suggested checking if California has added a "*Transgender*" category to their non-names specimen form.
- Dara highlighted that the Committee's discussion underlines how unclear evaluation requirements are.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

January 22, 2004

Draft Scope of Work

Dara distributed the document entitled, "*HPPC Evaluation Committee: Draft Scope of Work*," a copy of which is available to absent members upon request.

- Perry reviewed the Committee goals as outlined in the draft document. This includes developing a multi-year strategic plan for evaluation in San Francisco.
- Israel added that if the committee was to come up with evaluation criteria that could be included in the 2005 RFP anticipated for release in 2004, that work would need to be done early in the year.
 - ⇒ He suggested the Committee schedule the year's work in two parts:
 - Jan to April - work on evaluation requirements for the 2005 RFP Cycle; and
 - May to Dec - other specific goals for development of prevention evaluation.
 - ⇒ Dara asked if the suggestion regarding the 2005 RFP cycle would include specific evaluation methodology.
 - Israel responded that the RFPs need to ensure that applicants collect the information needed for evaluation relative to both the SF Plan's objectives as well as the funders' requirements.
- Israel pointed out that the committee does not work in a vacuum.
 - ⇒ In specific he noted that the committee needs to coordinate with the work of the Prevention With Positives and New Approaches to Prevention Committees.
- He also cautioned against creating objectives that are too big and/or not achievable.
 - In way of example he pointed to the experience of the HPPC's 2002 Research Committee which established three "*lofty*" goals.
 - That Committee's work ultimately had to be put into more manageable steps and only part was accomplished when the term expired.
- Marcel suggested some sort of *Quid Pro Quo* for agencies in which the HPPC would tell them what is wanted from them and at the same time what they get for it.
- Chata stated that agencies have been doing some sort of evaluation since 1995.
 - ⇒ He asked if they are reporting their data.
 - ⇒ Tracey said that they are, but it is not possible to aggregate it into one report.
 - ⇒ She added that it might be valuable to hear providers' perspectives on data collection and reporting.
- Chata asked if agencies are scored as part of program evaluation.
 - ⇒ Mike explained that Process Evaluation often involves a score on their monitoring report.
 - ⇒ Outcome Evaluation or the impact the program had on the client, he added, is more difficult.
- Mike suggested structuring the committee's goals as multi-year plans so as to have milestones of accomplishments and implementation.
 - ⇒ Tracey added that the first milestone could be addressing the 2005 RFP.
- Dara noted that this is an opportunity to bring evaluation standards into line with the goals of the San Francisco Leadership Initiative (SFLI).
 - ⇒ Tracey added that evaluation should be part of the members' vision of prevention in SF.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

January 22, 2004

- Israel stated that there hasn't been a link between funding, and programs' effect on behavior/incidence.
 - ⇒ Dara added that Willi McFarland's presentation asserted that incidence is leveling off, or declining, as a result of prevention, but there isn't a direct, proven link.
 - ⇒ Mike pointed out that although the relationship isn't directly proven, research has established a correlation sufficiently for policy purposes.
 - He added that ultimately the goal of all prevention activity is to reduce incidence.

Committee Goals

- Perry asked if the Committee would accept the Goals as proposed.
 - ⇒ Tracey suggested adding a specific time rather than, "... *this year*" in the second bullet.
 - ⇒ Marcel suggested adding both specific times as well as prioritizing the objectives.
 - ⇒ Mike suggested changing the first bullet by:
 - * Specifying strategic plans of a specific number of years, and
 - * Adding sub-points with specific goals by year(s)
 - Tracey suggested a five-year strategic plan, since 2004 is the first year of a five-year CDC funding cycle.
 - ⇒ Dara noted that in the near future the committee will have a better idea of what CDC's guidance will require.
 - Perry questioned if the committee's goals could be counter to the CDC's guidance.
 - ⇒ Tracey suggested adding a note that the Goals could be amended.

Perry asked the committee if the Goals, as amended, would be accepted as the 2004 Scope of Work. There was general agreement, and the draft was accepted.

- Israel suggested using the first four months of 2004 to address Question 1 "*What is San Francisco required to do in terms of evaluation, and how can we do it better?*"
 - ⇒ He also suggested that remainder of the year address Question 2 "*Do the evaluation activities we implement actually tell us if we are doing good work? What does San Francisco want to do in terms of evaluation to show that the local HIV prevention model works and to identify areas for improvement? How do we stay 'ahead of the game'?*"
- Mike suggested the Committee use the first month reviewing and agreeing to its vision, priorities, process, and steps.

Committee Process

The Committee discussed how to proceed with its business.

- In response to a question, Tracey stated that the Committee need get approval from the Steering Committee or the Council with its Goals as authority has already been given it to establish goals and a scope of work.

4. Elect Committee Chair / Co-chairs

Chata provided background on what is involved in being a Chair / Co-Chair, including participating in the Steering Committee.

- ⇒ Discussion followed regarding whether the Committee would have a Chair and a Co-Chair or just a Chair, although consensus was not reached.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

January 22, 2004

- Volunteers to serve as Chair and/or Co-Chair were sought.
 - ⇒ Perry was the only volunteer.

It was moved and seconded that Perry be the Evaluation Committee Chair. There was no further discussion. There were no objections or abstentions. The motion passed.

- ⇒ Israel offered to provide support to Perry, particularly if needed to miss a meeting.

Roles and Responsibilities of Participants

- Tracey provided explanation of Mike's role with the Committee.
 - ⇒ She noted that Mike is from the Applied Research Unit of the HPS and that he would bring that expertise to the committee. He will probably come to most, but not all of the meetings.
 - ⇒ She added that program and/or contract management staff would be invited to attend meetings.
 - ⇒ She also explained that she, Lisa Reyes, and Mike (when he is in attendance) would share a committee vote, with Lisa being the official member.
- Tracey also explained that HPS professional staff helps the Chair develop the agenda and review the minutes.
- Dara asked if the Committee wants to use Roberts Rules of Order.
 - ⇒ Chata stated that committees haven't always used it.
 - ⇒ Ari stated that some means of procedure should be articulated and used.
 - ⇒ Tracey noted that the bylaws do not specify the use of Roberts Rules of Order, but do state that committees should strive for consensus.
 - ⇒ This item will be on the agenda for next committee meeting (02/05/04).
- Tracey explained that Community Members are Committee members who are not on the Council.
 - ⇒ She noted Community Members are sometimes recruited to help fill gaps in the committee's Parity And Representation.
 - She asked members to look for people from the community who could serve on this committee and e-mail any suggestions to either her or Perry.
 - ⇒ Israel noted that this is also a good way of recruiting new Council members.
- Ari asked if there are non-traditional prevention providers that receive funding.
 - ⇒ In response to a question, Ari explained that "*non-traditional providers*" would include agencies that aren't primarily HIV prevention but offer some prevention services.
 - ⇒ Mike added that it would also be helpful to have information on agencies that aren't funded, but are looking to incorporate prevention in the program.
 - ⇒ Dara said she would email a list of providers in the BVHP that are doing prevention.
 - ⇒ In response to Marcel's suggestion, Tracey stated she would distribute a list of agencies currently being directly funded.
 - ⇒ This item will also be on the agenda for next meeting (02/05/04).

5. Select regular meeting time

The Committee agreed to meet the first Thursday of each month, 3:00-5:00 PM.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

January 22, 2004

6. Process Evaluation Discussion

Tracey explained that there are several ways for the Committee to provide input to this process, including Zoomerang, forms at each meeting, or quarterly meetings with a Process Evaluation consultant.

- There was some discussion about providing feedback immediately after each meeting or later.
- Israel noted that feedback shouldn't be limited to whatever Process Evaluation method is decided upon; that all feedback is important and valued.

Motion was made and seconded to have evaluation forms distributed at each meeting as well as quarterly reviews with a Process Evaluation consultant.

⇒ In response to Israel's question about the content of the forms it was agreed to put this on the agenda for the next meeting (02/05/04).

There was no further discussion. No objections or abstentions were raised. The motion passed by consensus.

7. Evaluation and Closure

Evaluation forms were distributed. The meeting adjourned at 2:20 PM

*THE NEXT MEETING IS SCHEDULED FOR THURSDAY, FEBRUARY 05, 2004
FROM 3:00 TO 5:00 PM - 5TH FLOOR CONFERENCE ROOM, 25 VAN NESS AVE.*

Minutes were prepared by David Weinman, Reviewed by Tracey Packer, and Perry Rhodes III.

HIV PREVENTION PLANNING COUNCIL (HPPC)

DOCUMENTS DEPT.

Evaluation Committee
Thursday, February 5, 2004
3:00 pm - 5:00 pm
25 Van Ness Avenue, 330B
San Francisco

MAR - 1 2004

SAN FRANCISCO
PUBLIC LIBRARYAGENDA

- | | |
|--|-----------|
| 1. Welcome and Review of Agenda | 3:00-3:10 |
| 2. Public Comment | 3:10-3:20 |
| 3. Approval of Minutes from February 5, 2004 | 3:20-3:25 |
| 4. Report from Steering Committee | 3:25-3:40 |
| 5. Overview of Evaluation | 3:40-4:00 |
| 6. Review Priority Areas | 4:00-4:25 |
| 7. Begin Discussion on Priority Areas 1 | 4:25-4:50 |
| 8. Summary, Evaluation, and Closure | 4:50-5:00 |

Next meeting will be April 1, 2004 at 3PM

NOTE: All meetings are open to the public and are held in handicapped accessible facilities.
Meeting dates and times are subject to change, please verify by calling Betty Chan Lew at 554-9492.

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force. Donna Hall, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-7724, Fax: 554-7854, E-Mail: Donna_Hall@ci.sf.ca.us.

In order to assist with the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

HIV PREVENTION PLANNING COUNCIL (HPPC)

DOCUMENTS DEPT.

Evaluation Committee

Action Minutes From Meetings:

February 5, 2004

MAR 29 2006

SAN FRANCISCO
PUBLIC LIBRARY

Members Present: Chata Ashley, Ari Bachrach, Marcel Miranda, Perry Rhodes, III, Lisa Reyes (HPS), and Frank Strona.

Members Absent: Michael Discepolo, Manny Grueso, Israel Nieves-Rivera.

Professional Staff: Dara Coan (Harder & Co), Kym Dorman (Harder & Co), Tracey Packer (HPS), Mike Pendo (HPS), Marise Rodriguez (HPS), David Weinman (Note Taker), and Allison Weston (Harder & Co).

1. Welcome and Announcements

Perry Rhodes, III called the meeting to order at 3:06 PM. He asked attendees to make any relevant announcements.

- Tracey Packer announced that Frank Strona would like to join this Committee.

Committee's Procedure

Perry opened this topic by noting the discussion from the Committee's previous meeting (01/22/04). He pointed out that members discussed the values and limitations of both: Robert's Rules of Order (Robert's), and decisions by consensus. He reminded members of the consensus reached to think about this topic between meetings and make a decision at this meeting.

- Frank stated that the New Approaches to Prevention Committee had a similar discussion and agreed to use the less formal consensus method unless there was controversy, in which case votes will be conducted in accordance with Robert's.
- Tracey discussed the idea of consensus as a decision all members could accept.
 - ⇒ She added that in this case efforts should be made to accommodate all members' views, although there could be circumstances in which the majority's view may need to prevail.
- Marcel Miranda stated that reaching consensus could be trusted to the Chair.

Proposal was made for the Committee's business to be conducted informally, and to vote using Robert's only when consensus couldn't be reached. The proposal was accepted by consensus.

2. Approval of Minutes from the 01/27/04 Meeting

Perry asked if the Minutes as submitted were approved by the Committee, or if there are corrections and/or clarifications.

- Allison Weston noted her name misspelled.

There were no other changes. The minutes were approved without abstention.

3. Public Comment

None

4. Discussion of Data Collection Systems (added to agenda to meeting)

Perry noted the email sent by Dara Coan regarding the ELI and PEMS systems. He explained that Marise Rodriguez was invited to the meeting to clarify the differences between the

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

February 5, 2004

systems. Marise distributed the document entitled, "*Evaluation and Data Collection Issues at hand*," a copy of which is available to absent members upon request.

- Marise stated that to completely merge the data from any two systems the variables must be identical, but that the variables in the ELI and PEMS systems are not alike.
- In addition to the topics listed, Marise noted other issues including the following.
 - ⇒ Locally two years of work has gone into ELI, including implementation and training.
 - ⇒ In concept, there are advantages to PEMS over ELI such as:
 - It includes scanning of data from forms directly into system,
 - Based on design specifications, it seems to be easier to use than ELI,
 - Use of newer, more advanced, programming tools, and
 - Flexibility in the way variables are input and the customizable formats used.
 - ⇒ In the event PEMS is ultimately used, there would be three ways to input data:
 1. Direct input on CDC computer
 - * Users maintain direct connectivity and/or use the Internet;
 2. Local system
 - * Users connect with locally maintained system which, in turn, periodically shares data with the CDC system; and
- Chata noted that it isn't known when PEMS will actually go on line.
- He questioned if ELI could be modified to interface well with PEMS.
- Chata then asked if the CDC could force SF to use PEMS.
 - ⇒ Marise explained the CDC could force SF to use it, particularly if the State isn't moving toward making ELI compatible.
 - ⇒ There was general agreement that the CDC could, indeed, compel SF to use PEMS.
- Marcel stated that some things are exciting about PEMS, he suggested getting community input.
 - ⇒ He pointed out that this would also demonstrate that SF is attempting to understand providers' perspectives on ELI.
 - ⇒ Once the community's view is obtained, he added, SF HPPC should actively advocate one way or the other.
- Frank stated that small agencies find it difficult to comply with ELI.
- He noted that the people designing PEMS (*Deloitte*) are programmers, without specific understanding of prevention and prevention programs.
 - ⇒ He added that in his experience such systems often roll-out with significant flaws requiring updating.
- Chata stated that HPPC needs to be careful going to the community; HPPC needs to know all of what is involved before stirring up questions and concerns.
- Dara asked about the long-term administrative costs of dealing with two systems.
 - She pointed out that costs of not transitioning include: modifying ELI to be compatible with PEMS, and continual updating it to keep the systems in sync.
 - She noted that SF and STATE might have to decide before seeing an operational PEMS system.
- ⇒ In response, Marise stated that the variables are established although the business rules haven't been settled as yet.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

February 5, 2004

- Dara also stated that ELI is not user friendly and will always require a lot of user training.
- Marise noted the "*Primary Partner*" is not included in PEMS.
 - ⇒ Marise said that she has raised the importance of field with the CDC.
 - ⇒ Mike Pendo stated that although perhaps relevant for counseling, for reporting purposes "*Primary Partner*" isn't important, as long as HIV status is known.
 - ⇒ Ari asked if PEMS includes data on co-factors.
 - He added if it does, the serostatus of partner is relevant to reporting.
 - ⇒ Mike stated that the purpose of the system is to track risks of transmission.
- Tracey stated that the choice of which system to use is probably not the HPPC's.
 - She noted that both STATE and SFDPH seem to be leaning toward staying with ELI.
 - ⇒ Marise stated that we should have a plan in case we have to go with PEMS.
- Marise stated that while ELI has been problematic, the experience is that changes have been made when suggested.
 - ⇒ She added larger, more remote, bureaucracies will probably not be as responsive.
- Frank stated that this is a huge cost for providers and that once a cost factor is determined accommodation should be included in RFPs.
 - ⇒ He added that there are many problems with ELI, including its inability to provide client satisfaction data.
- Ari asked if either system actually provides evaluation data.
 - ⇒ Marise stated that it takes a lot of requests to get custom reports from ELI.
 - ⇒ Ari asked if SF would have more clout in design and implementation if it started working with PEMS now.
 - ⇒ Marise responded that she and Charles Klein have been working with the PEMS designers.
 - ⇒ She noted, however, that discussion regarding the variables closed 01/30/04.
- Chata said that burdening agencies with data collection distracts them from providing services.
 - ⇒ He asked if there are plans to recompense for data collection.
- Dara noted that SF could add variables to PEMS, which is nearly impossible with ELI.
- She highlighted that scanning forms into a system is a huge benefit/cost saver.
- Chata asked about costs.
 - ⇒ Marise responded that SF currently spends about \$75K annually for ELI maintenance and training, and that PEMS could add to this figure more.
 - ⇒ It was noted that there would also be recurring costs of keeping ELI in sync with PEMS.
- Marise suggested sending a letter to the STATE telling them that forms should be scannable.
 - ⇒ She also noted that there is a series of e-mails requesting changes she has recommended for the ELI system that have not yet been acted upon due to State's competing priorities (ELI & CTR.)
- Frank suggested investigating what the providers did and didn't get from ELI - is it working for them, or isn't it - perhaps run a '*SCAN type*' process.
 - ⇒ The Committee, he added, needs to determine the providers' viewpoint so that it can make a recommendation to the Council.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

February 5, 2004

- Chata asked if a decision could really be made locally.
 - ⇒ Tracey said that if the DPH chose PEMS it could be implemented, but would be complex.
 - ⇒ She reiterated the history of building the client-level system in partnership with STATE so as to be in compliance with the CDC's 1999 requirements.
 - The CDC, she emphasized, is now adding new type of system to meet its requirements.
- Marcel noted there has been discussion regarding the value of scanning or capturing data as it is collected, including while doing outreach.

The Committee expressed their thanks to Marise for her presentation. It was noted that her document is also colorful and attractive.

5. Develop Evaluation Strategic Plan

Kym Dorman distributed the document entitled, "*HPPC Evaluation Committee: Draft Scope of Work*," a copy of which is available to absent members upon request. She reviewed the changes to the draft document from the previous version. Perry asked if the draft reflects members' recollection, and also asked for comments.

- Perry began the discussion by suggesting the Scope of Work be "*Slimmed down*."

PHASE ONE

Vision, Priorities, Process, and Steps

- Tracey suggested the Committee discuss what materials it would want to review at the March meeting (03/04/04).
 - ⇒ She noted that there was an evaluation strategic plan in the 1997 Plan.

Strategic Questions for the RFP

- Ari expressed difficulty with establishing strategic questions for the next RFP, as the deadline is near and such informs the whole funding cycle.
- Marcel agreed with Ari, adding that the Committee may need more meetings, or a different work plan - such as the use of subcommittees to draft proposals.
- Chata suggested the Committee review what has been done, what is in the Plan, and determine how that has worked.
- Dara noted that the RFP usually includes questions about how providers intend to meet the strategic objectives.
 - ⇒ She added that strategic questions, data collection, and performance indicators are closely connected thus are prioritized together in the Phase One.
- Tracey asked to delete the reference that the RFP will be released in May.

The Committee agreed to delete reference to the May date for distribution of the 2005 RFP.
--

Provider Data Collection

Streamline Requirements

- ⇒ Ari expressed the need to know what is currently required of providers, adding that he doesn't want to make providers jump through more hoops.
- ⇒ Dara noted that providers often see evaluation as obstacles, or "*hoops*," but it should be a helpful tool for them.
 - She added that making it useful for providers is part of the committee's purpose.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

February 5, 2004

- ⇒ Ari stated that the usefulness of evaluation depends upon who collects and interprets the data.
 - Front line staff, he added, may see "*hoops*" while program managers see the value.
- ⇒ Mike stated that the way to make evaluation valuable to providers at all levels is to be sure to get data back to them.
- ⇒ Frank noted that providers have been frustrated by not getting the information they want/need from ELI.
- ⇒ Mike suggested compiling a list of requirements in providers' contracts compared with what is actually being done.
- ⇒ Tracey provided a brief overview of current evaluation requirements: 1) ELI; 2) outcome objective for one intervention; 3) client satisfaction assessment.
- ⇒ Ari asked about the criteria to determine outcomes.
 - Frank explained that Walden House uses 25 questions from ELI and adds 25 program-specific to determine both outcomes and client satisfaction.
 - He added that an outcome could be a client's "*intention to use a condom.*"

Provider Input

- ⇒ Marcel stated that it would take time to set up a meeting with providers and wondered if it could be done within the time restraints of Phase One as drafted.

PHASE TWO

- Perry suggested looking at the steps in Phase Two and choosing three.

Quality Assurance

- Ari suggested prioritizing Quality Assurance.

Program Effectiveness

- Frank suggested prioritizing "*How Providers Can Use the Evaluation Processes,*" rather than determining Program Effectiveness.
 - ⇒ He cited several examples where this would be valuable to providers.
- It was suggested to include Quality Assurance and Updates on the Epidemic as part of Program Effectiveness.

The committee agreed to prioritize the use of evaluation processes/program effectiveness with the understanding that the wording will be worked out later.

Effectiveness of HPPC's Planning Efforts

- It was suggested to either eliminate this issue or deal with it by way of a short written explanation.

Cost-effectiveness Model

- Ari stated the cost-effectiveness model could be problematic for the SF HPPC in the face of the current national trends from CDC and the administration.
- Mike suggested the committee come up with general language for an overall evaluation of cost-effectiveness, rather than attempting to create a mathematical formula.
- Chata stated that we should look at whether one agency is spending more for case management than others, and ask why.
- Members agreed that this is probably too much/too big to work on during this year.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

February 5, 2004

- Mike stated that he could write something up on Cost Effectiveness and send it off to members.

The Committee agreed to deal with the cost-effectiveness model by way of language describing overall evaluation (provided by Mike). It was also agreed to discuss members' ideas on this at a future meeting.

Referral Tracking

- Frank suggested prioritizing referrals and collaboration as it enhances effectiveness.
 - ⇒ It would be great, he added, if the committee could come up with a methodology for agencies to track referrals.

The Committee agreed to prioritize Developing Referral Tracking.

Needs Assessment

- Ari suggested removing Needs Assessment from the Committee's scope of work for 2004.
- Tracey suggested Needs Assessment is a requirement of the priority setting model but could be a review of the gaps in research data.
- Mike suggested members review the data on linkages from the 1997 Plan.
 - ⇒ Copies of that part of the Plan will be emailed to members.

The Committee agreed to discuss this topic further after reviewing the linkages section of the 1997 Plan.

Present Updates on the Epidemic

- Perry suggested including Updates with Quality Assurance.
- Ari asked why this is the Evaluation Committee presenting Updates on the Epidemic.
- Chata stated that Willi McFarland provides excellent updates to the Council twice a year.
- Dara pointed out that the Council agreed to have Updates on the Epidemic twice yearly with the understanding that, when necessary, it would take action based of those updates.
- Tracey stated that this is a way to monitor the changes in epidemic.

Summary

- Ari suggested three priorities:
 1. Program Effectiveness (including Quality Assurance),
 2. Referral Tracking, and
 3. Addressing Population Needs (including Needs Assessment and Updates on the Epidemic).
 - ⇒ He noted that an overall, written summary would address Effectiveness of HPPC Planning and Cost-effectiveness.

The Committee reached consensus on these three priorities.

Next Steps

- It was suggested that during the Committee's next meeting (03/04/04) members discuss, and hopefully reach consensus, on of the bullets from the draft of Phase One.
- It was also suggested the Committee continue discussion on the Data Collection issue.
- Tracey suggested the Committee develop an overall strategic plan.
 - ⇒ Frank agreed with the suggestion adding that members need some training and mutually agreed definitions regarding the Strategic Planning process.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

February 5, 2004

- He stated that members need to be sure they everyone is using the same language.
- ⇒ Kym stated that she has background in Strategic Planning and volunteered to provide an overview.

The Committee agreed to review the Strategic Planning process at a future meeting.

4. Process Evaluation Discussion

- Tracey reminded members that it had agreed to use a paper-based evaluation process but had not yet determined the questions.
 - ⇒ She circulated examples of forms previously used by the HPPC.
- Frank suggested including the question: "*Did you prepare adequately for the meeting?*"
 - He noted that such was used successfully by the Plan Research Committee in 2003.
 - ⇒ Ari asked if that means you read the material, or did other background research.
 - Frank responded that the question refers to whatever is appropriate.

The Committee reached general agreement to include that question.

- Frank noted that a question used last year asking, "*How well the meeting was facilitated,*" may have contributed to the resignation of a Committee Co-chair the role of facilitator.
 - Committee members, he added, need to demonstrate sensitivity to each other.
 - ⇒ Kym suggested the question be open-ended.
 - ⇒ Ari asked if criticism offered of a facilitator is acted on by the HPS' professional staff.
 - He was told that there was such support.
- Someone suggested questions like, "*What do you need for the next meeting?*", "*What went well for you?*", "*What could be improved on?*", "*What do we need for next time?*"
- Tracey will send the questions to the Process Evaluation team for who will put together a form.

The Committee reached general agreement to send the questions to the Process Evaluation team for development of a form.

5. Evaluation and Closure

The meeting adjourned at 4:40 PM

*THE NEXT MEETING IS SCHEDULED FOR THURSDAY, MARCH 4, 2004
FROM 3:00 TO 5:00 PM - 25 VAN NESS AVENUE, SUITE 330B, SAN FRANCISCO*

Minutes were prepared by David Weinman, Reviewed by Tracey Packer, and Perry Rhodes.

HIV PREVENTION PLANNING COUNCIL (HPPC)
Evaluation Committee
Thursday, March 4, 2004
3:00 pm - 5:00 pm
25 Van Ness Avenue, 330B
San Francisco

DOCUMENTS DEPT.

MAR 29 2006

SAN FRANCISCO
PUBLIC LIBRARY

AGENDA

- | | |
|--|-----------|
| 1. Welcome and Review of Agenda | 3:00-3:10 |
| 2. Public Comment | 3:10-3:20 |
| 3. Approval of Minutes from February 5, 2004 | 3:20-3:25 |
| 4. Report from Steering Committee | 3:25-3:40 |
| 5. Overview of Evaluation | 3:40-4:15 |
| 6. Brainstorm Ideas for Strategic Plan | 4:15-4:50 |
| 7. Summary, Evaluation, and Closure | 4:50-5:00 |

Next meeting will be April 1, 2004 at 3PM

NOTE: All meetings are open to the public and are held in handicapped accessible facilities.
Meeting dates and times are subject to change, please verify by calling Betty Chan Lew at 554-9492.

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force. Donna Hall, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-7724, Fax: 554-7854, E-Mail: Donna_Hall@ci.sf.ca.us.

In order to assist with the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

HIV PREVENTION PLANNING COUNCIL (HPPC)

DOCUMENTS DEPT.

Evaluation Committee

Action Minutes From Meetings:

March 4, 2004

MAR 29 2006

SAN FRANCISCO
PUBLIC LIBRARY

Members Present: Ari Bachrach, Manny Grueso, Marcel Miranda, Lisa Reyes (HPS), Perry Rhodes, III, and Frank Strona.

Members Absent: Chata Ashley, Michael Discepola, and Israel Nieves-Rivera.

Professional Staff: Dara Coan (Harder & Co), Kym Dorman (Harder & Co), Tracey Packer (HPS), Mike Pendo (AIDS Office), and David Weinman (Note Taker).

1. Welcome and Announcements

Perry Rhodes, III called the meeting to order at 3:15 PM. He invited attendees to introduce themselves and make relevant announcements.

- Frank Strona announced that his office has moved to 1885 Mission Street.
- He also announced that Walden House has renamed their prevention efforts to Health Prevention Services. The program includes HIV prevention as well as a wide range of health services for TB, Hepatitis and the like.
- Frank pointed out that the Council will be at Walden House 03/11/04.
- Tracey also announced that the March Council meeting would focus on MTF and the April meeting on the FTM Transgender populations.
- David Weinman announced that he will not be available to take notes at the next Committee meeting 04/01/04.

Perry pointed out a review of the Committee's evaluation form has been added to the agenda.

2. Public Comment

There was no public comment.

3. Approval of Minutes from February 5, 2004

- Perry asked why most comments are attributed to specific people while others do not include attribution.
 - ⇒ David explained that he tries to note who makes each comment, but that sometimes the discussion is so fast he doesn't catch and/or note who made each comment.
- Marcel Miranda stated that he reviewed the notes and found them to be very complete and comprehensive.
 - ⇒ Other members joined him in thanking the Note Taker.

Motion was made and seconded to approve the minutes. There was no further discussion, or objections. The minutes were approved by consensus.

4. Report from Steering Committee

Frank provided an overview of the latest Steering Committee meeting.

- Kathleen Roe of the Process Evaluation Team provided a very positive report of the February meeting, including comments about the Council's methods and procedures being solidly in place while at the same time maintaining, "Heart."
- There was discussion regarding guest speakers, including the presentations at the last Council meeting 02/12/04.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

March 4, 2004

- ⇒ It was suggested that members receive some training, or direction, on dealing with statements they disagree with.
 - One way of handling such disagreement, without confrontation, could be to pass a note to the Co-Chairs and let them use their facilitation skills.
- ⇒ Another suggestion was to provide handouts that familiarize guests with the Council's scope. Tracey mentioned that the council already has a protocol in place, which was developed by the 2002 Research Committee.
- Meeting agendas for March and April were reviewed, including the need to have ample time to discuss the MTF and FTM Transgender populations by having separate agenda items during two meetings.

Questions and comments followed.

- Marcel stated that he wasn't clear why Supervisor Duffy was part of the 02/12/04 agenda.
 - ⇒ He added that perhaps a Speakers' Panel could also set expectations regarding guests.
 - ⇒ Frank stated that speakers need to understand what the Council is interested in and what it is empowered to address.
- Ari Bachrach observed that ten years ago Council members would have been aggressive toward Supervisor Duffy, but that they are more moderate now.
 - ⇒ He added that perhaps members recognize that it would be more valuable to have him on the side of supporting prevention services.
- Tracey pointed out that members could make comments and recommendations directly to guest speakers.
- Mike Pendo stated that past Research Committees had developed guidelines for guest speakers.
 - ⇒ Tracey added that such guidelines are in place.
 - ⇒ Marcel added that in the 2003 Community Liaison Committee established guidelines for people wanting to address community meetings.

5. Overview of Evaluation

Kym distributed the document entitled, "*A Bit about Evaluation ...*" a copy of which is available to absent members upon request. She explained that it includes her view of what Evaluation entails. She summarized Evaluation as, "*What do we know and what don't we know about the what we have been doing? What we haven't been doing, and what would we like to be doing.*" She noted that some members have experience in evaluation methodologies, but that the Committee has expressed the desire to break the process down for purposes of explanation and clarity. In addition to the information contained in the document distributed, she provided an overview as outlined below.

Why Evaluate?

- Funding organizations often require some form of evaluation.
- The San Francisco Leadership Initiative can be built on, in part, from information generated by the programs it supports.
- Mike added that evaluation is also about programs asking how they can do better.

What is evaluation?

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

March 4, 2004

- Descriptive explanations of Evaluation were quoted from both the 2004 and 1997 Plans.
- Evaluation can be viewed as including three levels: Provider, City-wide, and Intervention Research level.
- Kym noted that at its last meeting, 02/05/04, the Committee prioritized three topics:
 1. **Quality Assurance,**
 2. **Referral Tracking, and**
 3. **Cost Effectiveness / Program Assessment.**

She reviewed the current evaluation requirements as outlined on the distributed document distributed. A discussion of evaluation followed.

Please note that the following outline corresponds to the distributed document's "Type of Evaluation" for topic order. The members' comments are thus not necessarily reported in the same sequence as discussed.

Needs Assessment

- Ari stated that Needs Assessments tend to be too small a sampling for a broad, or City-wide view.
 - ⇒ He added that the sampling from some communities is so small as to call into question the validity of the reported data.

Process Evaluation

Including **Quality Assurance** and **Referral Tracking**

- Ari asked what Referral Tracking includes.
 - ⇒ Mike explained that outcomes have relied on changes in behavior, but that it might be valuable to determine if clients actually made appointments they were referred to.
- Ari remarked that it is a subset of process evaluation.
 - ⇒ Dara stated that it could be a process or an intervention, such as in the case of referrals from outreach.
- Marcel noted that Glide always looks at how many clients went to the referral.
- Mike added that tracking can also look at whether the referral was helpful to the client.
- Ari questions whether Referral Tracking should be looked at as part of Process Evaluation, or Outcome Monitoring/Evaluation.
 - ⇒ Dara stated that there isn't always a clear distinction between Process and Outcome evaluations.
 - In way of example she cited the AIDS Office's contract which has a section on "Process objectives" with questions such as, 'How many referrals did the agency make to Drug treatment?'
 - ⇒ Tracey stated that Referral Tracing becomes Outcome Monitoring when the success of the referral is evaluated.
- Frank stated that there are a number of aspects to referrals that should be tracked, including whether staff made the right referral, and if the client was helped.
- Mike noted that several years ago work was done on what constitutes a successful referral.
 - ⇒ He added that the Council spent months on the topic.
 - ⇒ He suggested copies of the findings be distributed to Committee members.

Outcome Monitoring and/or Evaluation

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

March 4, 2004

Including Cost Effectiveness / Program Assessment

- Dara Coan explained that "*Outcome Monitoring*" a new term which is different from outcome evaluation that involves a specific study on the intervention.
- Frank asked if there has ever been a system to determine if Outcome Monitoring of the contract was helpful.
- Ari stated that there might be greater cost effectiveness addressing groups other than gay white men, as that population's incidence has remained somewhat level.
 - ⇒ He suggested that there might be greater efficiency in addressing populations with emerging rates of incidence.
- Kym asked how to track the impact of spending on a City-wide level.

Surveillance - was not specifically discussed.

Qualitative and Quantitative Evaluation Methodologies

Kym pointed out that evaluation data is either Qualitative or Quantitative. These '*types*' of Evaluations while not part of the "*A Bit About Evaluation...*" document was discussed at some length as summarized below.

Quantitative

- ⇒ Quantitative data, she explained, deals primarily with the numbers of people affected.
 - Information is collected by surveys, or from systems such as ELI.
 - She added that the strengths are that it provides statistics.
- ⇒ Mike noted that Quantitative provides information on what is going on, but not why.
- ⇒ Frank added that Quantitative is formula based.
- ⇒ Dara stated that a survey using a grading scale is Quantitative.
- ⇒ Frank stated that most of evaluation of prevention in SF has been Quantitative.
- ⇒ Ari observed that the Council allocates funding to BRPs based on Quantitative data.
- ⇒ Perry stated that one of the reasons policymakers prefer Quantitative data is so they don't have to make judgment decisions.
- ⇒ Frank cited as an example of the relative value given to the types of data the recent Council discussions of a proposed Needs Assessment of Southwest Asian & Northern Africa (SWANA) population.
 - He suggested that if the bulk of data presented had been Quantitative rather than Qualitative the Council probably would have proceeded.
- ⇒ Marcel stated that over the past couple of years the Council's allocation of resources has been on the basis of Quantitative data reflecting the populations most impacted.
 - He pointed out that the recent allocations corrected previous allotments in which funding did not coincide with the number of people affected in various populations.
 - He questioned if the pendulum is beginning to swing back the other way.

Qualitative

- ⇒ Frank stated that Qualitative evaluation data provide a wider picture of what it going on and is often based on anecdote, or experience.
 - He cited HPPC's Needs Assessments and SCANs as being Qualitative.
- ⇒ Dara stated that a survey which relies on comments to gather data is Qualitative.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

March 4, 2004

- ⇒ Dara suggested that HIV prevention may have been too dependent on Quantitative.
 - She suggested the committee, and the SF HPPC, take the lead in looking Qualitatively at the causes of infection.
 - She also noted that Qualitative data has not enjoyed the same respect from policymakers and funding organizations as Quantitative data.
- ⇒ Mike stated that people don't respond to numbers as much as to individual stories.
 - He added that SF has plenty of Quantitative data (numbers), but little persuasive Qualitative information.
- ⇒ Frank stated Qualitative data addresses emerging groups as well as hidden issues.
 - In way of example he noted that the "*Down low*" population has been known to exist for a long time, is very difficult to study, and is under-served.
- ⇒ Kym stated that a good description of what is going on in any community needs to be more than numbers, the anecdotal information adds emotion and perspective.
 - She cited the photography/essay exhibition (called phototalk) at City Hall that the Prop 10 Coalition put together to explain the impact of the tobacco tax on funding as being both powerful and moving.
- ⇒ Frank noted that some things can not be adequately reported digitally, or by numbers, and that Qualitative data fills in the inadequacies of ELI and PEMS.
- ⇒ Mike stated that the challenge is building into the Quantitative data required by funders sufficient Qualitative information to provide a whole picture.

6. Brainstorm Ideas for Strategic Plan

- Kym turned the group's attention to page 2 in the document, suggesting the next step might be for the committee to ask new questions, such as those listed on the second page of the document.
- Dara reminded the committee of its plan to develop a multi-year strategic plan for the current levels of prevention activity: Providers; City-Wide; and Intervention Research.
 - ⇒ She added that the Committee should concentrate this year on the previously agreed three priority evaluation areas: Quality Assurance; Referral Tracking, and Cost Effectiveness/Program Assessment.
- Perry noted that clarification was needed as to how the three areas fit into a multi-year plan.
 - ⇒ Dara explained that the previous plan of action was based the next RFP being out in May, but the AIDS Office now anticipates the RFP at the end of the calendar year.
- Mike pointed out that this process is an opportunity to come up with a new, innovative, and cutting edge way of looking at evaluation.
- Perry noted that evaluation is important on several levels, including that many members also have responsibility as program managers.
 - ⇒ Dara stated that the providers' viewpoint should be considered, but that the Committee needs to take a planning perspective, to develop a plan for the City as a whole.
 - ⇒ Ari suggested finding ways to collect data on all levels and from all perspectives; but that members be clear to keep the viewpoints separate.
 - ⇒ Tracey stated that the Committee's prime objective is planning.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

March 4, 2004

- She added that the focus should be on what best informs the planning process for prevention.
- Frank suggested that since there may be time to do so, it would be very valuable to find out from the current stakeholders what has been effective.
 - ⇒ He added that they might have a different view of evaluation than the AIDS Office.
 - ⇒ He pointed out that service providers often hear evaluation as criticism.
- Mike suggested the Committee take a strategic view of evaluation.
 - ⇒ Kym added that she thinks of the Strategic Planning process as looking at the timeframe and what participants want to get out of it.
 - She suggested looking at the big picture, including what's happening elsewhere in the U.S. and around the world.
- Frank pointed out that there has been a history of contradictory and confusing guidance from the DPH, for instance: agencies were told not to design programs around Units of Service and then later asked to evaluate their programs based on Units of Service.
- Dara stated that a strategic approach is about the different levels of data. It is not about adding to providers' data collection burden.
 - ⇒ She added that some of what is already being collected might not need to be continued.
- Mike suggested a presentation to the Committee about the Strategic Planning process before going to the Council or community - including the cutting edge stuff being done.
 - ⇒ He added that it could be put together by the Committee's next meeting 04/01/04.
- Perry emphasized that the Committee needs to keep in mind how the process gets evaluation information back to the front-line service provider.
 - ⇒ He added that the process might also assess how they react to the evaluation data.
 - ⇒ Mike added that it would be valuable to gain a Qualitative view by asking front-line staff what the data means to them.
- As an example of merging Quantitative and Qualitative approaches, Frank cited Jen Sarche's presentation on vaccines which gives data and explains the meaning of the data.
- Dara suggested that focus groups are a way to get a Qualitative view:
 - Asking providers how the process is working for them, and
 - Gathering clients and asking them what services are missing.
 - ⇒ Mike added that such a review should include talking with people not receiving service.
- Frank noted that the second part of Dara's suggestion is being worked on by a number of agencies associated with the DPH and suggested looking into what they are finding.
 - ⇒ Mike suggested assembling a list of Qualitative Evaluation efforts underway in SF.
 - ⇒ Marcel agreed that the Committee should inform itself about the data being collected, particularly what is being learned about client satisfaction.
 - ⇒ Mike added that it would also be useful to find out what other jurisdictions are doing.
- Frank cautioned that conducting Focus Groups with providers, clients, and potential clients would set up the expectation that something will happen as a result.

Summing Up

Tracey suggested summing up the brainstorming for the Strategic Plan.

- Dara asked if the Committee has agreed to do Strategic Planning regarding evaluation.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

March 4, 2004

- ⇒ Perry asked if there were any dissenting opinions, or other comments. None were offered. Agreement to do Strategic Planning regarding evaluation was by consensus.
- Perry asked if the committee agreed to examine other evaluation options, approaches, and data.
 - ⇒ Tracey stated that Qualitative data could be of great value to the committee's planning process, and that it should include looking at:
 - What service providers get, and would like to get, from the evaluation process,
 - What other jurisdictions are doing, and
 - What clients and those not receiving services are getting and/or missing from present services.
 - ⇒ Perry asked if any members had further comments.
 - ⇒ Frank added that the guiding principle should be incorporating effective, accurate measures into the Evaluation process including Qualitative data.
 - ⇒ Marcel added that the strategic plan should feed into the planning process.
- Consensus was reached to examine other evaluation as summarized by Tracey and Frank.
- Kym asked if it would be helpful for her to map out a strategic planning process. There was general agreement that this would be helpful.
 - ⇒ Frank stated that he would like to see a reading packet on the strategic planning process for next meeting 04/01/04.

7. Summary, Evaluation and Closure

Evaluation Process

Tracey distributed a draft evaluation form entitled, "*Evaluation Committee Meeting Evaluation*" a copy of which is available to absent members upon request. She explained that she has reviewed the agreed upon procedures as well as the draft evaluation form with Kevin Roe of the Process Evaluation Team. She asked the committee to review the forms.

- Frank stated that he liked using the form, although he doesn't like forms.
- Perry asked if there was agreement to using the form as drafted. No dissenting opinions were offered and there was no further discussion. The evaluation form was accepted by consensus.

Evaluation forms were distributed for use. The meeting adjourned 4:57 PM.

***THE NEXT MEETING IS SCHEDULED FOR THURSDAY, APRIL 1, 2004
FROM 3:00 TO 5:00 PM - ROOM 330B***

Minutes were prepared by David Weinman, Reviewed by Tracey Packer, and Perry Rhodes III.

HIV PREVENTION PLANNING COUNCIL (HPPC)
Evaluation Committee
Thursday, April 1, 2004
3:00 pm - 5:00 pm
25 Van Ness Avenue, 330B
San Francisco

AGENDA

- | | |
|---|-----------|
| 1. Welcome and Announcements | 3:00-3:10 |
| 2. Public Comment | 3:10-3:20 |
| 3. Approval of Minutes from March 4, 2004 | 3:20-3:25 |
| 4. Report from Steering Committee | 3:25-3:35 |
| 5. Review Steps of Strategic Plan and Worksheet (possible vote) | 3:35-3:45 |
| 6. Begin Process of Developing Strategic Plan: Develop Goals (vote) | 3:45-4:15 |
| 7. Categorize Committee Priorities within Goals | 4:15-4:25 |
| 8. Discuss First Action Step: ELI and PEMS (possible vote) | 4:25-4:50 |
| 9. Next Steps, Evaluation, and Closure | 4:50-5:00 |

Next meeting will be May 6, 2004 at 3PM

NOTE: All meetings are open to the public and are held in handicapped accessible facilities.
 Meeting dates and times are subject to change, please verify by calling Betty Chan Lew at 554-9492.

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force. Donna Hall, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-7724, Fax: 554-7854, E-Mail: Donna_Hall@cl.sf.ca.us.

In order to assist with the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

DOCUMENTS DEPT.

MAR 30 2004

SAN FRANCISCO
 PUBLIC LIBRARY

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

April 1, 2004

DOCUMENTS DEPT.

MAR 29 2006

SAN FRANCISCO
PUBLIC LIBRARY

Members Present: Chata Ashley, Ari Bachrach, Lisa Reyes (HPS), Perry Rhodes III, Israel Nieves-Rivera and Frank Strona.

Members Absent: Michael Discepola

Professional Staff: Kym Dorman (Harder & Co), Tracey Packer (HPS), and Mike Pendo (HPS)

1. Welcome and Announcements

Perry Rhodes III called the meeting to order at 3:15 PM. He invited attendees to introduce themselves and make relevant announcements.

- Michael D. sent an email stating that he would not be able to attend today's meeting

2. Public Comment

There was no public comment.

3. Approval of Minutes from March 4th, 2004

Ari mentioned that on page 4, 2nd bullet of the 3/4/04 minutes that the essence of what he said was not captured correctly. Ari's comment will be changed to reflect his comment about cost effectiveness and not include about gay white men during this conversation.

Motion was made to approve the minutes, with the above changes. There was no further discussion, or objections. The minutes were approved by consensus.

Ari also mentioned, that for the record, he uses the pronoun "he."

4. Report from Steering Committee

Perry provided an overview of the latest Steering Committee meeting. He mentioned the issue of having outside presenters at council meetings. Specifically, he was referring to the February HPPC meeting, where a presenter made a comment that some council members found offensive. It was suggested that in the future, when instances like this occur, that if members don't feel comfortable bringing it up at that moment, that they can pass a note to co-chairs, or they can bring it up in process evaluation. Perry also reported that due to budget changes, evaluation will be done through Zoomerang surveys, rather than paper surveys at all committees.

5. Review Steps of Strategic Plan and Worksheet, 6. Begin Process of Developing a Strategic Plan; and 7. Categorize Committee Priorities within Goals.

Kym distributed a revised draft plan and worksheet for the 2004-2008 strategic plan.

- Perry and Kym walked committee members through the 8 page document.

After much discussion on evaluation and the 2004-2008 strategic plan, it was decided that Frank, Perry and Kym will meet to develop goals based on the vision statements from pages 2-4. These goals will then be submitted to another small group of the committee, who will then work

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

April 1, 2004

on action steps for each (Israel, Lisa, Ari, Mike, Tracey, and Kym). Both sets of ideas will be brought to the May 6 committee meeting. The committee agreed to this by consensus.

The discussion included the following comments:

- Evaluation is a process by which funded agencies can improve programs and better meet needs of target populations.
- Evaluation is a planning tool.
- Include how the monitoring report affects evaluation. Monitors should be advisors rather than overseers.
- Measure: were you able to complete what you contracted to do.
- Include more about how the agency can reflect upon itself and wonder if what they did was what they should have done.
- Ability to change programs based on your experience.
- How do we acknowledge the need to change programs based on funding?
- Develop plan in steps-what can be accomplished each year.
- How do we ensure that community providers agree with this vision and/or can buy into the vision?
- Make evaluation relative to the larger scope of the work that providers are attempting-change in broader life issues.
- Some people think the Plan isn't enforced.
- Evaluation gives voice to consumers of HIV prevention.
- Referrals allow program to meet needs beyond prevention needs.

8. Discuss 1st Action Step: ELI and PEMS

- Perry explained that this discussion had been referred to the Evaluation Committee from HPPC. The goal of this agenda item is to discuss how ELI and PEMS fit into the strategic plan but also to acknowledge some of the difficulties caused by ELI. One member asked how we can have a discussion on PEMS when it hasn't been developed yet. Tracey mentioned that council members are asking for information on ELI/PEMS and are asking for guidance around the issue. Israel mentioned that ELI was not intended to be used for reimbursement, yet it is being used that way. Frank suggested that we ask start by asking, "What data is useful?" Members agreed. It was suggested that we ask the question "What data is useful?" at this committee, then to HPPC members, then get community input, which includes providers. And, it was suggested that the results should be sent to CDC/PEMS development folks. Members all agreed on this.

9. Next Steps, Evaluation, and Closure

Evaluation forms were distributed for use. The meeting adjourned 5:00 PM.

*THE NEXT MEETING IS SCHEDULED FOR THURSDAY, MAY 6, 2004
FROM 3:00 TO 5:00 PM*

Minutes were prepared by Lisa Reyes and Tracey Packer, reviewed by Perry Rhodes III.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Thursday, May 6, 2004

3:00 pm - 5:00 pm

25 Van Ness Avenue, 330B

San Francisco

DOCUMENTS DEPT.

MAR 29 2006

**SAN FRANCISCO
PUBLIC LIBRARY**

AGENDA

- | | |
|--|-----------|
| 1. Welcome and Announcements | 3:00-3:10 |
| 2. Public Comment | 3:10-3:20 |
| 3. Approval of Minutes from April 1, 2004 | 3:20-3:25 |
| 4. Report from Steering Committee | 3:25-3:35 |
| 5. Review Draft of Strategic Plan and Worksheet (possible vote) | 3:35-3:55 |
| 6. Continue Development of Strategic Plan: Develop Action Steps
(possible vote) | 3:55-4:30 |
| 7. Discuss ELI and PEMS (possible vote) | 4:30-4:50 |
| 8. Next Steps, Evaluation, and Closure | 4:50-5:00 |

Next meeting will be June 3, 2004 at 3PM

NOTE: All meetings are open to the public and are held in handicapped accessible facilities.
Meeting dates and times are subject to change, please verify by calling Betty Chan Lew at 554-9492.

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force: Donna Hall, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-7724, Fax: 554-7854, E-Mail: Donna_Hall@ci.sf.ca.us.

In order to assist with the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

HIV PREVENTION PLANNING COUNCIL (HPPC)

DOCUMENTS DEPT.

Evaluation Committee

Action Minutes From Meetings:

May 6, 2004

MAR 29 2006

SAN FRANCISCO
PUBLIC LIBRARY

Members Present: Marcel Miranda, Lisa Reyes (HPS), Perry Rhodes, III, and Frank Strona.

Members Absent: Chata Ashley, Michael Discepola, and Israel Nieves-Rivera.

Professional Staff: Kym Dorman (Harder & Co), Mike Pendo (AIDS Office), and David Weinman (Note Taker).

1. Welcome and Announcements

Perry Rhodes, III called the meeting to order at 3:12 PM. He invited attendees to introduce themselves and make relevant announcements.

- Lisa Reyes announced that the first Plan Training would take place on Tuesday, 05/11/04 from 1:00 to 4:00 PM. Light refreshments will be served. She noted that the second training is scheduled for 05/25/04.
- Frank Strona announced that Safe Sex City's first social event is scheduled for 07/03/04.

2. Public Comment

None

3. Approval of Minutes from April 1, 2004

Acceptance of the minutes was initially postponed until the 06/03/04 meeting. Later in the meeting, when quorum was present, motion was made and seconded to accept the minutes. There was no discussion, objection, or abstention. The minutes were approved.

4. Report from Steering Committee

Frank reported developments from the Steering Committee, including the following.

- ⇒ Lisa announced that an HPS abstract titled: "Ensuring Parity, Inclusion and Representation in Your CPG: San Francisco's HIV Prevention Planning Council" was accepted at the 2004 HIV Prevention Leadership Conference in Atlanta. She will be presenting with Gwen Smith. It was also mentioned that Israel Nieves-Rivera was asked to speak on "10 Years of Community Planning" at the plenary session.
- Jason Riggs from the STOP AIDS Project came to Steering to speak on CDC Directly-funded agencies.

5. Review Draft of Strategic Plan and Worksheet

Kym Dorman noted that the document entitled, "*Changing the Culture of Evaluation in SF HIV Prevention*," had been e-mailed to all members. The Goals were developed in a subcommittee of her, Frank, and Perry. She linked the Objectives to the Goals. Discussion followed.

Draft Introduction

- Frank said that the Introduction is proposed as a narrative of issues needing to be addressed, including those areas of concern that don't rise to level of the stated Goals.
- He also explained that the Introduction is the way of framing the topic.
 - ⇒ Evaluation is not, he emphasized, a four-letter word.

HIV PREVENTION PLANNING COUNCIL (HPPC)

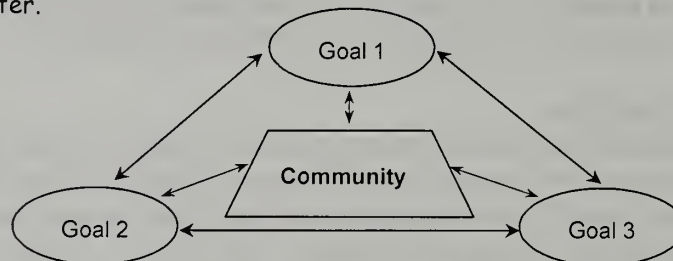
Evaluation Committee

Action Minutes From Meetings:

May 6, 2004

- Kym pointed out that the process is part of a way of looking at evaluation differently, as empowerment, and a means of helping the prevention community get where it wants to go.
- Kym explained the plan's overall structure:
 - ⇒ Strategies are the various approaches to the Goal's issues,
 - ⇒ Objectives are the operational means by which the Strategies will be dealt with, and
 - ⇒ The Action Steps are the specific activities needed to accomplish the Objectives.
- She provided a brief overview of the three Goals.
 - ⇒ She observed that Goal 2 is a review of evaluation strategies in use, and provides a feedback loop.
 - Frank pointed out that Goal 2 is a "Matrix" laying out who is responsible, as well as who is doing what - as discussed at the last Committee meeting (04/01/04).
- Kym explained that the subcommittee discussed the interaction between the three Goals.
 - ⇒ Frank noted the interdependent relationship between the Goals.
 - ⇒ He highlighted that it isn't a matter of achieving the three goals and then walking away.
 - Achieving each Goal is dependent on the progression of the others.
 - ⇒ Mike Pendo observed that the relationship between the goals may not necessarily be cyclical, but dynamic.
 - ⇒ He also stated that the community is referred to, but is not explicit in the Goals.

Discussion followed about how to describe the Goals' relationship/interdependencies. The following diagrams the Committee's agreed overview, with the understanding that details are to be settled later.



6. Continue Development of Strategic Plan: Develop Action Steps

The Committee then discussed procedures and how to proceed, including the following:

- Marcel Miranda stated that documents need to be sent to members further in advance than the day before the meeting.
- Perry suggested reviewing each Goal and Objective in order presented.
- Mike suggested providers be given options on how to do things, perhaps providing examples.
 - ⇒ Mike said that the process should encourage creative approaches.
 - ⇒ Frank said that examples imply a preferred approach.

The Committee agreed to brainstorm Goals and Strategies.

(Listed here sequentially, although not necessarily discussed in that order.)

Goal 1: Evaluation reflects how SF HIV prevention efforts promote the mental, physical, emotional and structural health and well-being of people in SF.

- Goal 1 - Strategy 1: (Research Interventions)
It was agreed that the Evaluation Committee should prioritize the issues researched.
- Goal 1 - Strategy 2: (Track CDC Performance Indicators)

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

May 6, 2004

No discussion, additions or changes were offered.

- **Goal 1 - Strategy 3:** (Research on Impact of HIV Prevention... on Health and Well-being.)
 - ⇒ Mike stated that the term "*impact*" is used more often when referring to quantitative data rather than qualitative.
 - He added that some people dismiss any data categorized as qualitative.
 - ⇒ Kym expressed the value and validity of qualitative data.
 - ⇒ Frank and Lisa suggested words like, "*effect*."
- **Goal 1 - Strategy 4:** (Referral Tracking System)
 - ⇒ Frank suggested that any system developed be coordinated with work in progress by the CARE Council on an integrated service model.
 - ⇒ Kym suggested using the term, "*Build*" rather than, "*Develop*."
 - ⇒ Mike stated this Committee may want to consider making recommendations about development of a system, rather than actually developing it.
 - He added using a model similar to the Case Management recommendations.
 - ⇒ Perry suggested changing the wording to something like, "*Make recommendations about the development of a Referral Tracking system...*"
 - ⇒ Kym suggested the Committee "*coordinate information*," rather than "*develop*," "*implement*," or, "*identify tracking steps*."
 - ⇒ Marcel stated that developing a Referral Tracking system is too big a commitment.
 - ⇒ He and Perry suggested the Committee facilitate discussions; perhaps host community meetings and/or provide a sense of what good tracking looks like.
 - ⇒ Mike noted that the SF DPH's Behavioral Department is also working on linkage and that their input could be valuable.
 - ⇒ There was general agreement to the suggestions that the Committee develop recommendations through community input for a Referral Tracking system.
- **Goal 1 - Strategy 5:** (Support stakeholder capacity...)
 - ⇒ Marcel said the term, "*Stakeholder capacity*" is too broad, and unclear.
 - He advocated using simpler language, stating that a discussion about housing is easier for providers to understand than one about structural health.
 - ⇒ Mike said that this Strategy should focus on capturing data.
 - ⇒ Lisa suggested rewording this to "*Provide technical support to agencies on data collection requirements*."
 - ⇒ Kym stated that it is also about what providers can do relevant to Goal 1.
 - ⇒ Marcel suggested the wording be more concrete, such as: "... *contract monitoring, technical assistance, and training*."
 - Frank suggested adding the concrete example of "*invoicing training*."
 - ⇒ Mike suggested ensuring that the data collected component of contract requirements also be useful and valuable to providers and their clients.
 - ⇒ Lisa suggested the Strategy cover two issues: 1) Ensure everyone is speaking same language, 2) Provides agencies with technical assistance.
 - Kym said that technical assistance should ensure data is collected and evaluation is executed accurately.
 - Marcel added that providers need to understand what is expected of them.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

May 6, 2004

- ⇒ Kym suggested the Committee create a guide clearly defining the Goals.
- ⇒ Mike pointed out that this Strategy also refers to Goal 3 - Strategy 4 (... how to create and support systems that will implement and sustain the new prevention efforts.)
 - Both Strategies (Goal 1-5 and Goal 3-4) should ensure evaluations are useful for providers, clients, and the community.

There was general agreement with the suggested amendments to this Strategy.

- **Goal 1 - Strategy 6: (Complete Client Satisfaction Surveys)**
 - ⇒ Frank questioned the use of the word, "*Complete*" regarding client satisfaction surveys.
 - Kym explained that it was used in the sense of "*Execute*", or "*Fulfill*"
 - ⇒ Lisa asked about the use of the word, "*enjoyable*" in the Action Step.
 - Perry explained it as an attempt at lightening the process and thereby encouraging participation.
 - Frank suggested using "*meaningful*" rather than "*enjoyable*."
 - ⇒ Mike suggested opening up the survey and allowing clients to have input into the processes; and in so doing improving the prevention. (Continuous quality improvement model.)
 - ⇒ Marcel and Kym suggested replacing "*Complete...*" with "*Fulfill...*"
- **Goal 1 - Strategy 7: (Fulfill Required Outcome Objective)**
 - ⇒ Standardized Outcome Objectives - there was discussion regarding the possibility of the HPPC, the CDC (or others) developing standardized objectives, including:
 - Mike noted that Outcome Objectives could be standardized, or program specific.
 - * He questioned if the HPPC is moving toward standardized outcomes.
 - Frank said that data on program participation could be standardized and is necessary for any evaluation of outcomes.
 - * He highlighted, however, that some outcomes are population specific.
 - Mike said that it seems the CDC is moving in the direction of standardizing.
 - * He urged the Committee to look at standardization, so that the HPPC can help define and shape any required/standardized Outcome Objectives required by the CDC or other funders.
 - Perry said that he would support the HPPC playing an active role in shaping any standardized Outcome Objectives that may be formulated.
 - Marcel and Mike suggested the wording, "*The Evaluation Committee will participate in the development and implementation of standardized Performance and Outcome Objectives.*"
 - * They added that Committee members should be included in the DHP workgroup, if formed
 - There was general agreement to this approach.
 - ⇒ Other Aspects of Strategy 7 were discussed, including:
 - Marcel said that the term "*fulfill*" should be clearer.
 - Kym suggested the approach of fulfilling mandated Outcomes while at the same time attempting to make the requirements relevant to the needs of the SF communities.
 - Marcel suggested referring to the 2004 Plan by footnote in the Strategic Plan.
- **Goal 1 Strategy 8: (Data Collection requirements for ELI/PEMS)**

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

May 6, 2004

- ⇒ Frank suggested changing "*Fulfill*" to "*Support providers in fulfilling and utilizing ...*"
- ⇒ Marcel noted that the PEMS system doesn't actually exist as yet, and suggested waiting until it does and if it's use is decided upon.
- ⇒ Mike noted that this Committee doesn't have much voice in whether PEMS or ELI will be used, but whichever is chosen, the committee can impact the system's usefulness and relevance.
 - The Committee may also ensure a smooth transition from the present to the future system.
- ⇒ Perry stated that he would not be comfortable deciding between ELI and PEMS.
- ⇒ Kym suggested deleting the Action Step, "Eval Committee discuss ELI/PEMS..." as it doesn't have real input into the choice process.
- ⇒ Mike suggested replacing, "*ELI/PEMS*" with "*database collection tools*."

There was agreement on:

- Action Step 1 - ensuring whatever system is implemented is useful, and
- Action Step 2 - making sure that the Goals and Objectives are supported by the data collected in the system.

• Goal 1 - General:

- ⇒ Mike asked about dissemination of findings and wondered if it should be included Goal 1.
 - Kym noted that this is dealt with in Goals 2 and 3.
 - Lisa noted that it is also covered in the 2004 Plan.
 - Kym will add specific language on dissemination of information to Goal 2.
- ⇒ Marcel made several recommendations regarding the Action Steps, including:
 - Clarity as to who is responsible for each of the steps;
 - The need for community-wide efforts, rather than the Committee telling people what to do; and
 - That they should be easier for providers to understand and work with.
 - * He noted that for years ease of use and understanding has been discussed in relation to monitoring reports.
- ⇒ Kym stated that gathered from the discussion of these Strategies, that the members favor making the CDC's requirements more useful and valuable to providers and clients.
 - She added that this has three phases:
 - * Short-Term - fulfill those requirements mandated by the CDC;
 - * Medium-Term - gather other useful information to share with providers for program improvement; and
 - * Long-Term - engage with providers to change the measurement tools.
- ⇒ This strategic plan, she noted, is about changing what *has to be* done into what providers want to do to improve their processes.
 - Marcel said that another purpose is show providers that evaluation can be helpful rather than a burden.
- ⇒ Lisa suggested that this committee would benefit from inviting a Program Manager from the AIDS Office to future committee meetings.
- ⇒ Mike said that the process of transforming the requirements into a valuable process is a learning process for the providers and the AIDS office.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

May 6, 2004

Motion was made and seconded to accept Goal 1 including the Strategies and Action Steps discussed. Discussion followed.

- Kym stated that the motion should have a provision that approval is preliminary, and that final approval will be made after review of her rewrite.
- Mike added that Goal 1's final approval should accommodate amendments that may arise as the Committee works on Goals 2 and 3.
- Marcel suggested a brief meeting to finalize approval before the Council meeting 05/13/04.
 - ⇒ Frank stated that the Committee doesn't need another meeting.
 - ⇒ Frank and Kym suggested:
 - The rewrite be sent to all members
 - At the next Committee meeting (06/03/04) final approval be decided, and
 - The focus of the 06/03/04 meeting be to review of Goals 2 and 3.
 - ⇒ Kym stated that she would e-mail the rewrite to all members by Tuesday 05/11/04.
 - David Weinman said that he would get his notes to Kym by Monday (05/10/04).
 - ⇒ Perry will also send a message to all members to expect something by 05/11/04.
- Marcel suggested each member in attendance contact an absent member to review what has been discussed.
 - ⇒ He offered to talk with Michael Discepola.

There was consensus on the motion as amended and Goal 1 including its Strategies and Action Steps were approved.

Kym asked if the Committee to approve applying the Short, Medium, and Long-Term phases (as described above) to all Strategies involving mandated evaluation processes (Strategies 2, 5, 6, 7 and 8). The consensus of the Committee was to approve the application of the phases described to the relevant Strategies in Goal 1.

7. Discuss ELI and PEMS

It was agreed that this item was referred to the 06/03/04 meeting.

8. Next Steps, Evaluation, and Closure

Perry stated that it was not practical to go through Goals 2 and 3 at this meeting. He also suggested the Committee use the same process for Goals 2 and 3.

- Frank stated that he liked the procedure of a subcommittee reporting back to the whole. There was general agreement to this suggestion.

Evaluation will be by means of Zoomerang.

The meeting adjourned 4:45 PM.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

May 6, 2004

*THE NEXT MEETING IS SCHEDULED FOR THURSDAY, JUNE 3, 2004
FROM 3:00 TO 5:00 PM - LOCATION TBD*

Minutes were prepared by David Weinman, Reviewed by Lisa Reyes, and Perry Rhodes III.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee
Thursday, June 3rd, 2004
3:00 pm - 5:00 pm
25 Van Ness Avenue, 330B
San Francisco

DOCUMENTS DEPT.

MAR 29 2006

SAN FRANCISCO
PUBLIC LIBRARY

AGENDA

- | | |
|---|-----------|
| 1. Welcome and Announcements | 3:00-3:10 |
| 2. Public Comment | 3:10-3:20 |
| 3. Approval of Minutes from May 6, 2004 | 3:20-3:25 |
| 4. Report from Steering Committee | 3:25-3:35 |
| 5. Continue Development of Strategic Plan and Worksheet (Possible Vote) | 3:35-4:50 |
| ➤ Goal 2 | |
| ➤ Goal 3 | |
| 6. Next Steps, Evaluation, and Closure | 4:50-5:00 |

Next meeting will be July 8th, 2004 at 3PM

*NOTE: All meetings are open to the public and are held in handicapped accessible facilities.
Meeting dates and times are subject to change, please verify by calling Betty Chan Lew at 554-9492.*

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force. Donna Hall, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-7724, Fax: 554-7854, E-Mail: Donna_Hall@ci.sf.ca.us.

In order to assist with the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

June 3, 2004

DOCUMENTS DEPT.

MAR 29 2006

SAN FRANCISCO
PUBLIC LIBRARY

Members Present: Lisa Reyes (HPS), Perry Rhodes, III, Israel Nieves-Rivera, and Frank Strona.

Members Absent: Chata Ashley, Michael Discepola, and Marcel Miranda.

Professional Staff: Kym Dorman (Harder & Co), Tracey Packer (HPS), Mike Pendo (HPS), and David Weinman (Note Taker).

1. Welcome and Announcements

Perry Rhodes, III called the meeting to order at 3:11 PM. He invited members to make announcements.

- Frank Strona announced that he is transitioning out of Walden House and has accepted a position with STD Prevention and Control of SFDPH.
- Tracey Packer made announcements regarding Committee members:
 - ⇒ Chata Ashley is bedridden with health issues and will therefore miss some Council meetings.
 - He is not, however, taking a leave of absence and believes he will be back soon.
 - He would love to hear from members and asks to remain "*in the loop*."
 - ⇒ Michael Discepola has requested a leave of absence from Council activities due to his workload.

2. Public Comment

There was no public comment.

3. Approval of Minutes from May 6, 2004

Motion was made and seconded to accept the minutes from the meeting 05/06/04. There was no discussion, or objection. Israel Nieves-Rivera abstained. The minutes were approved

4. Report from Steering Committee

Tracey Packer reported discussion on the following topics.

- ⇒ San Francisco has been granted \$10-15K from for Rapid Testing focused on men of color at Pride.
- ⇒ The high absentee rate among members at the last Council Meeting (15/13/4).
- ⇒ The Membership Committee is working on identifying the gaps in Council membership.
- ⇒ A neighborhood assessment (SCAN) of Visitacion Valley will be proposed to the Council.
- ⇒ Rafael Diaz will be presenting information on the use and effect of Methamphetamines in SF at the next Council Meeting (06/10/04).
- ⇒ SF received \$43K from the State to include Hepatitis C with HIV programs, but the programs to be included have not as yet been determined.
- ⇒ No cut is expected in City funding for HIV prevention services in the upcoming budget.
- ⇒ The next round of Requests For Proposals (RFPs) is scheduled for November with due date of February 2005.
- ⇒ The Membership Committee is also working on Diversity Training for August/September.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

June 3, 2004

- Frank Strona asked about the process of applying for Council membership.
 - ⇒ He was told that interested people should contact Betty Chan Lew.

5. Continue Development of Strategic Plan Worksheet

The document entitled, "*Changing the Culture of Evaluation in SF HIV Prevention 2005-2007 STRATEGIC PLAN FOR HIV PREVENTION EVALUATION IN SF*" (the Strategic Plan Worksheet) was distributed. Kym Dorman also distributed an edited/updated version with additions highlighted. Neither document was dated. Copies of both documents are available to absent members upon request. The Committee discussed the Strategic Plan Worksheet, as follows. (Please note, the sequence of discussions has been organized by topic.)

In General

Intended Audience

- Israel asked who the intended audience is for the Strategic Plan Worksheet - the Council, providers, or others. Discussion followed.

There was general agreement that the audience for the strategic plan is the same as for the Plan, for Council, DPH, and providers.

Who is Responsible for and Impacted by the Strategies

- Israel suggested adding a column to the Strategy tables showing who is impacted by each strategy.
 - Mike and Tracey added that the table should also show who is involved in each Strategy (who are the players) - not just who is responsible.
 - Frank suggested changing the column title to, "*Who is responsible/involved.*"
 - He also raised the possibility of setting-off those involved in italics.
 - ⇒ Mike suggested the column be labeled, "*Who coordinates / Who contributes.*"
 - Israel and Perry suggested, "Who is Responsible: Coordinator / Contributor"
- It was agreed to keep the term "*Responsible,*" but to re-draft the column title.

Strategies and Objectives

- Israel recommended that within each Goal the Strategies need to coordinate with the Objectives.
- Tracey suggested arranging both Strategies and Objectives to coordinate with each other and to flow logically.
- Frank suggested adding a column to indicate which Objective is addressed by each Strategy.
- Israel noted that the Strategies and Objectives could/should be referenced in the RFPs.

Evaluation Committee

- It was noted that the Evaluation Committee is not a standing committee of the Council and so the Steering Committee as a standing committee, should therefore be listed for on-going responsibilities - rather than the Evaluation Committee.

Overall

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

June 3, 2004

- Tracey suggested the goal of the strategic plan is making data required more useful to programs, particularly so that they can adjust and adapt their services to the community's needs.
- Mike stated that while data is available and conveyed with service organizations he wonders if it is being used - or if it is being used effectively.
- Frank questioned if data is actually getting to service providers.
 - ⇒ He cited recent Council meeting where members were surprised/shocked by the information on the MTF and FTM communities although the data is actually not new.
- Perry stated that there is an overall negative attitude regarding evaluation processes.
 - ⇒ He suggested addressing this by presenting data in a format that is friendly to the eye.
 - ⇒ He added that getting providers to use the available data requires making it more understandable as well as meaningful.
- Israel said that the difficulty is getting providers to understand the importance of available data.
- Perry suggested that the language be similar in all Goals and Strategies.
 - ⇒ He also suggested that it needs to be exciting.
- Kym noted Strategy 5 in Goal 1:
 - *"Conduct qualitative research on effect of HIV prevention efforts on health and well-being."*
 - ⇒ She suggested expanding such research to a citywide qualitative review in Goal 2.
 - ⇒ Tracey pointed out that it is difficult to communicate (Goal 2) before data is collected and documented (Goal 1).
- Tracey observed that the task before the Committee is to make requirements more useful to those collecting, reviewing, and responding to the data.

It was agreed that Kym would take the members comments into consideration and re-draft the Introduction.

Introduction

Kim reviewed some of the changes reflected in the edited/updated version of the Strategic Plan Worksheet, including assigning short descriptions of each of the three Goals:

- Goal 1 = Documentation;
- Goal 2 = Communication; and
- Goal 3 = Communication.

Discussion followed.

- Goal 1 - use of the term, "*Documentation*" as descriptor.
 - ⇒ Lisa Reyes noted the connotation of the word documentation can be negative.
 - ⇒ Frank suggested using the term "*Collateral*" instead.
 - Kym said that she wasn't sure people would know what "*Collateral*" means in this context.
 - ⇒ Mike Pendo said this Goal 1 should tell the story of how the SF HIV prevention efforts are addressing the epidemic.
 - ⇒ Israel suggested using terms that are more two-sided, such as, "*reflection*," "*capture*," "*history*," or, "*sharing*" rather than, "*document*."

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

June 3, 2004

- Goal 2 - use of the term, "*Communication*" as descriptor.
 - ⇒ Mike suggested changing thumbnail to, "*Communication/Dissemination*."
 - ⇒ Israel cautioned that "*dissemination*" seemed passive and/or one-sided.
 - ⇒ Frank suggested "*Utilization*."
- Goal 3 - use of the term, "*Moving forward*" as descriptor.
 - ⇒ Tracey suggested use of the term, "*Innovation*."
- Other issues relating to the Introduction section.
 - ⇒ Mike suggested putting some explanatory comment on how "*Communications*," and, "*Moving forward*" (Goals 2 & 3) interact above the two-way arrow connecting them on the graphic.
 - ⇒ Frank suggested adding some explanation of how the Goals work together and are, "*dynamic*."

Goal 1 (Documentation)

Perry asked for comments about last month's discussion of Goal 1 and its summary as represented in the Strategic Plan Worksheet.

- Frank complimented the work as being comprehensive.
- Israel asked about the use of the word "*structural*"
 - ⇒ Kym explained the term as including issues such as housing (see footnote ¹) and that the term is currently being used in social literature and documentation.
 - ⇒ She also stated that she would send an email to all members providing more information on structural issues.

The members accepted the text of Goal 1 as drafted.

- Kym suggested adding CMS to Strategy 4 in Goal One ("*Recommend how to enhance evaluation requirements to ensure (they) reflect community/program priorities.*")

Goal 2 (Communication)

Kym explained Goal 2 as answering the question, "*What are we going to do with the information collected by evaluation mechanisms.*" She added that overall this goal can be summarized as: review the data that informs HIV prevention, describe how to use such data, and build in a feedback loop. Discussion followed focused on the proposed Strategies.

Strategy 1 - CDC's Performance Indicators

- Israel stated that while the language may be clear enough for Committee members but that it needs to be comprehensible to the actual people involved in the evaluation process.
- He also asserted that the provider community will ask:
 - ⇒ "*What does the proposed evaluation process do for me?*"
 - What does their program get out of it, and
 - ⇒ "*What do I have to do?*"
 - What are the paperwork requirements they will have to fulfill.
- Mike and Frank suggested adding making the information "*meaningful*" for stakeholders.
- Frank suggested changing "*Utilize CDC performance indicators to inform...*" to, "*Utilize CDC performance indicators to educate ...*"
- Tracey suggested, "*Utilize CDC performance indicators in meaningful ways...*"

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

June 3, 2004

- She also suggested ensuring that the performance indicators (PIs) are useful, or not, to meeting the goal.
- Mike suggested that the PIs be molded into measurements that are useful to SF's efforts to prevent the spread of HIV.
- Frank said the Committee needs to explain how to make good use of the PIs.
 - ⇒ He added that it needs to be clear that PIs shouldn't be seen as, and needn't be, a burden to providers.
- Israel explained that the PIs need to be understood as important to providers:
 - ⇒ They can show what is going on as well as what the effects are of the prevention efforts; and
 - ⇒ They could provide a consolidated, citywide view of SF.
 - He highlighted that providers focus on how their programs are doing relative to their target population(s); but the PIs can give an overall perspective.
 - ⇒ Frank recommended Israel's suggestion be a part of the Introduction.
- Kym stated that, "Utilize CDC performance indicators to inform stakeholders," or, "to educate and inform," seems one-sided.
 - ⇒ She suggested "Utilize CDC performance indicators to bring recommendations for discussion with stakeholders."
- Israel said that the Council informs the CDC, but that it works with, interacts with, or dialogs with providers.
- Kym suggested "Utilize CDC performance indicators to improve HIV prevention efforts," taking "stakeholders" out altogether.
- Lisa pointed out that the performance indicators are listed in Chapter 6: Evaluation, Appendix 2 of the 2004 SF HIV Prevention Plan (the Plan).
- She also noted the Plan's comments regarding the purpose of evaluation (Chapter 6: Evaluation, Introduction, Purpose - The Plan, Page 231):

"This chapter also attempts to reconcile the multiple evaluation requirements imposed by local, state, and federal institutions with the need to keep evaluation efforts in line with the HPPC's philosophy. Evaluation is how we know about HIV and HIV prevention; therefore, it is essential that San Francisco find a way to meet these requirements, in addition to collecting locally relevant data, while avoiding unduly burdening service providers and consumers. One of the first tasks the HPPC will take on in 2004 is to have a community dialogue about these4 challenges, using the ideas ..."
- It was noted that the current Status reads, "*Unsure*" but should be, "*Working*."

Strategy 2 - Community Issues

- Frank suggested the Strategy read, "*Identify emerging issues, conduct surveys ...*" deleting the term "*community*."
- Kym pointed out that the second use of "*community*" (in "*conduct community survey*") is necessary because it limits what the research is about.
- Israel suggested the research not be limited to SCANs.
- Tracey suggested adding that the community contributes expertise.
- Kim suggested combining the text of Strategy 2 as listed in the two drafts distributed.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

June 3, 2004

- ⇒ First Draft: *"Conduct Community Surveys that allow stakeholders to voice expertise and share experiences."*
- ⇒ Second Draft: *"Identify emerging issues, conduct community surveys (e.g. SCAN), analyze and share results."*

Strategy 3 - Use qualitative findings

- Lisa suggested that rather than the Evaluation Committee *"reviews qualitative findings..."* the action read, *"Evaluation Committee makes recommendations on how to analyze..."*

Strategy 4 - Counseling and Testing Data

- Frank suggested that rather than it reading, *"...and communicate the results to providers"* it read, *"share (or disseminate) the results..."*
- Mike said that counseling and testing data has already been collected, and some communication of this information is taking place with providers, however there is little opportunity for stakeholders to share their expertise (Objective 2.1) or for a strong feedback loops (Objective 2.2).
 - ⇒ He highlighted that promoting Objectives 2.1 and 2.2 is what needs to be worked on.
 - ⇒ He suggested ensuring the counseling and testing data is 'User-friendly,' that providers understand what the data is and how to use it.
 - He noted that doing so is requisite to feedback loops.
- Israel added that many people (providers and community members) don't understand that counseling and testing data is reported so that they can see the course of the epidemic.
- Kym suggested adding text to the effect of, *"creating feedback loops so that useful information is shared."*
- Mike stated that the issue is how to get the data already collected out to the community so that they understand and use it.
 - ⇒ He added that part of this could be the format of the data communicated.
- Lisa said that some people are, understandably, overwhelmed by the quantity of data; it should be reported in a *"digestible"* form.
- Kim asked about combining Strategies 1 (CDC's performance indicators) 4 (Counseling and Testing data) as *"Making available data useful"*.
 - ⇒ Israel pointed out that counseling and testing data indicates trends.

Number 5 - Monitoring Reports

- Mike asked if Monitoring Reports are useful to providers.
 - ⇒ Frank responded that he reviews them and makes adjustments based on what he sees.
 - ⇒ He added that the process could be made much more relevant for most providers by working with/reviewing the reports with DPH Program Managers who have an excellent technical understanding of the data's significance.
- Mike suggested reviewing the Monitoring Report process for next year's Council agenda.
- Israel stated that the Monitoring Reports deal with data too far in the past to be meaningful and relevant to most providers.
- Israel asked what is learned about HIV prevention in the whole of SF when/if data from all the Monitoring Reports is put together/consolidated.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

June 3, 2004

- ⇒ He highlighted that half of the programs in SF failed the cultural competency component.
- ⇒ He questioned why data is being collected if it isn't being used in the contract process.
- Perry asked what in the Monitoring Report is useful.
- Mike stated that SF might be moving to standardized contracts across all departments.
 - ⇒ He asked if standardized monitoring could be useful in ensuring the data is useful.
- Tracey suggested the Committee needs to find ways of communicating any meaningful results of data generated/collected from Monitoring Reports.
- Frank suggested that rather than "*Monitoring Reports*" this Strategy address "*Monitoring tools*" which includes site visits, tools, strategies, etc.
- Israel noted that the contract Monitoring Report covers a wide range of topics including: cultural competence, client satisfaction, etc.
- Mike asked if client satisfaction should be a standardized (numeric) scale.
 - ⇒ Israel stated that perhaps part of this Goal is about establishing a standard (or standards).

Strategy 6 - Utilize Required Evaluation Activities to Improve Programs

- Kym observed this Strategy is about using evaluation data to make programs more effective, and that such requires a feedback loop to providers.
 - ⇒ David Weinman asked if what is being described is a "*Continuous Quality Improvement Model*" - a business term commonly used in Quality Assurance/Management.
- Tracey said the strategy should also ensure evaluation data is put into a citywide context.
- Israel stated that the ELI system is probably never going to be useful in meeting these objectives.

Goal 3 – Innovations

Kym reviewed the draft proposal.

- Lisa noted that the Evaluation Committee shouldn't have ongoing responsibilities in the Action Steps (for the reasons cited above).
 - ⇒ Kym noted that the next draft would show the HPPC taking action.

Strategy 1 - Use Research Data

- Israel asked about the term, "*promising practices*."
 - ⇒ Kym explained that those are practices that look good although not all of the data has been collected, analyzed, and/or reported.
 - ⇒ She added that once verified, "*promising practices*" become, "*best practices*."
- Israel suggested changing text to read, "*Use data on interventions...*" rather than "*Use research on interventions...*" so that the Council doesn't have to wait for research to be completed and reported to make adjustments.

Strategy 2 - Conduct Literature Review

- Frank suggested providing more explanation of what is intended for the literature reviews.
- In response to Israel's question, Kym suggested literature reviews be conducted annually.
- Tracey noted that the Status should read, "*Happens when Plan is updated*."

Strategy 3- Recommendation of New Prevention Efforts

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

June 3, 2004

- Frank and Kym suggested that Strategy 3 could be consolidated with Strategy 1.

Strategy 4 - Recommendation to Create and Support New Prevention Systems

- Frank and Kym suggested that Strategy 4 could be consolidated with Strategy 1.

Goal 3 Overall

- Mike suggested reversing the order of Strategies 1 & 2.
- Tracey suggested adding Community Forums to the recommended actions.
 - ⇒ Lisa noted that the 2001 Plan called for Community Forums to explore and report on developments in the epidemic.
- Tracey and Frank suggested including something about the link between prevention and structural well being.
- Perry stated that the Committee didn't seem settled on Goal 3 and suggested meeting separately to discuss it further.
 - ⇒ Frank suggested discussing Goal 3 at the 07/01/04 Committee meeting.
 - ⇒ Tracey suggested members ruminate on Goal 3 and be prepared to discuss it further at the next meeting.

General agreement was reached to further discuss Goal 3 at the 07/01/04 Committee meeting.

6. Next Steps, Evaluation, and Closure

- Mike suggested reviewing all three Goals at the 07/01/04 meeting.
Members agreed to review and discuss all three Goals at the next meeting.
- Israel asked about the three-year Plan process.
 - ⇒ Tracey explained that the first year is preparation, the second implementation, and the third review.
 - ⇒ Israel said that the Committee needs to ensure the evaluation process informs the Plan.

Kym suggested and there was general agreement to review the timeline at the next meeting.

It was noted that evaluation would be by means of Zoomerang.

The meeting adjourned 5:01 PM.

*THE NEXT MEETING IS SCHEDULED FOR THURSDAY, JULY 1, 2004
FROM 3:00 TO 5:00 PM - 25 VAN NESS AVENUE, SUITE 330B.*

Minutes were prepared by David Weinman, Reviewed by Tracey Packer and Perry Rhodes III.

HIV PREVENTION PLANNING COUNCIL (HPPC)**Evaluation Committee****Thursday, July 1, 2004****3:00 pm - 5:00 pm****25 Van Ness Avenue, 330B****San Francisco****AGENDA**

- | | |
|---|-----------|
| 1. Welcome and Announcements | 3:00-3:10 |
| 2. Public Comment | 3:10-3:20 |
| 3. Approval of Minutes from June 3, 2004 | 3:20-3:25 |
| 4. Report from Steering Committee | 3:25-3:35 |
| 5. Continue Development of Strategic Plan (Possible Vote) | 3:35-4:00 |
| > Goal 3 | |
| 6. Develop Timeline for Strategic Plan (Possible vote) | 4:00-4:50 |
| 7. Next Steps, Evaluation, and Closure | 4:50-5:00 |

Next meeting will be August 5, 2004 at 3:00 - 5:00 PM

NOTE: All meetings are open to the public and are held in handicapped accessible facilities.
Meeting dates and times are subject to change, please verify by calling Betty Chan Lew at 554-9492.

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force. Donna Hall, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-7724, Fax: 554-7854, E-Mail: Donna_Hall@ci.sf.ca.us.

In order to assist with the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

DOCUMENTS DEPT.

JUN 29 2004

SAN FRANCISCO
PUBLIC LIBRARY

10-29-04 P01-57 RLV

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

July 1, 2004

DOCUMENTS DEPT.

MAR 29 2006

Members Present: Lisa Reyes (HPS), Israel Nieves-Rivera, and Frank Strona.

SAN FRANCISCO
PUBLIC LIBRARY

Members Absent: Chata Ashley, Michael Discepola (on leave), Perry Rhodes, III, and Marcel Miranda.

Professional Staff: Kym Dorman (Harder & Co), Tracey Packer (HPS), and David Weinman (Note Taker).

1. Welcome and Announcements

Perry Rhodes, III asked Tracey Packer to facilitate in his absence. She called the meeting to order at 3:10 PM.

2. Public Comment

There was no public comment.

3. Approval of Minutes from June 3, 2004

Motion was made and seconded to accept the minutes from the meeting 06/03/04. The members present expressed approval and Kym Dorman said that they were helpful to her. No objections, corrections, or changes were offered. The minutes were approved.

4. Report from Steering Committee

Tracey and Israel Nieves-Rivera provided an overview --

- The 07/08/04 Council meeting will include presentations by representatives of CDC directly funded agencies.
- HPS hasn't received the CDC's guidance for the Cooperative Agreement Application.
 - ⇒ Once received, the Council, with the help of the DPH will review the priorities in the application, and then draft and approve a letter of concurrence.
 - ⇒ The application is due sometime in September.
 - ⇒ The CDC has informed the DPH that the guidance should be sent in the near future.
 - Israel offered to email the CDC if DPH doesn't get it by Tuesday (07/06/04).
- The HIV Planning Leadership Summit (HPLS) is scheduled for SF next year.
 - ⇒ Organizers are, however, having difficulty finding a hotel large enough to accommodate the event with such short notice.
- There was discussion regarding whether Zoomerang works as process evaluation.
 - ⇒ The number of people responding has been very low and may not be sufficient.
 - ⇒ There should be either a recommitment from members or reversion to paper forms.

5. Continue Development of Strategic Plan

Kym distributed the document entitled, "*Changing the Culture of Evaluation in SF HIV Prevention 2005-2007 STRATEGIC PLAN FOR HIV PREVENTION EVALUATION IN SF (Draft June 29, 2004)*," a copy of which is available to absent members upon request. The following provides highlights of the discussion by topic/section of the Strategic Plan.

Flow Chart (page 3), including the thumbnail descriptions of the three goals.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

July 1, 2004

- Several members expressed concern with the wording of Goal 1: "*Creating Feedback Loops*."
 - ⇒ A number of suggestions were made, including incorporating "*bridges*" in the thumbnail.
 - ⇒ Kym will work on rewording this thumbnail description.

Frank summarized the three steps as: Gathering the Story, Sharing or Bridging the Story, and Learning from the Story.

Review of Goal 2 - "*Creating Feedback Loops*"

- Kym highlighted the changes made in Goal 2, particularly the addition of "*Coordinator*" and "*Contributor*" in the column showing who is responsible.

As these changes were results of discussion during previous meetings, it was agreed to review the text of Goal 2 later, if time permits.

Goal 3 - Innovation for Change

Kym pointed out that throughout the Strategic Plan the wording has been changed from the committee, "*doing*," to the committee "*recommends*," processes and/or procedures.

Strategy 3.1 - Literature Review

- Israel asked why Goal 3 includes conducting a literature review, suggesting such a review should be in Goal 2 (Creating Feedback Loops).
 - ⇒ He also noted that Goal 1 (Telling the Story) also includes conducting research on interventions (Strategy 1.1) and asked if this isn't the literature review.
 - Frank suggested that the literature review in part of an ongoing evaluation.
 - Tracey suggested Strategy 3.1 be about disseminating and documenting the changes and/or innovations.
 - Kym said that literature review isn't clearly delineated anywhere.
 - ⇒ She added that the review here is to be sure that innovative approaches are effective.
 - Frank suggested that this literature review leads into Strategy 1.1 (Conduct research on interventions).
 - Kym said that this is a gathering of information that enables telling the story (Goal 1).
 - Israel proposed rather than a literature review, Strategy 3.1 be a, "*Summary of Findings*."
- It was agreed that Strategy 3.1 is a summary of what has been found.

Strategy 3.2a - Promising Practices and Innovative Approaches

- Frank suggested that there are two types of new interventions:
 - Those addressing gaps in current efforts; and
 - Innovative / new work.
- Israel noted that sometimes the gap isn't that a group isn't being addressed, but that a particular intervention hasn't been applied to that population.
- Frank said that sometimes the gap is the recognition that something doesn't work.
 - ⇒ He added that if something doesn't work it should be "*defunded*."
- Israel said that there needs to be evaluation whether what is being done works.
 - ⇒ If it doesn't work, he added, the process should ask, "What about it isn't working?"
 - ⇒ He also suggested comparing interventions - where and how they are, and aren't working.
- Frank said that determining what is working could be dependent on what part of the data is being looked at/evaluated and should focus on the results.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

July 1, 2004

- He cited the example of a web-site getting 5,000 hits, but only netting three new members; it is the new members that are important, not the hits.
- ⇒ Israel added that there should be a model of trickle down of data examined, citing Rafael Diaz's project that interviewed thousands of people to qualify an "n" of 300.
- Frank said that a practice might be good with one group, but ineffective elsewhere.
- Israel and Frank both suggested that Strategy 3.2 is about both: shortcomings of data collection, as well as best practices.
- Tracey said that Strategy 3.2 is also about the challenges of prevention.
- Israel said that information used to determine which tactics are working, or not working, needs to come from multiple sources such as ELI, Community Forums, and the like.
- Frank said that the HPPC needs to take a stand and stop being wishy-washy about effective and ineffective interventions.

Wording of Strategy 3.2

- Frank suggested Strategy 3.2 could be worded as, "*Best practices, challenges, and ineffective practices*," which would be better than using a term like, "*Bad practices*."
- ⇒ The strategy, he added, should be ensuring that agencies aren't discouraged from trying new things, even if they ultimately prove to be ineffective.
- Kym suggested changing the wording to something like, "*Challenges and overcoming challenges*."

Amendments to Goal 3 - Strategies and Action Steps
--

- It was suggested that a new Strategy 1.1 be added - "*Conduct literature review on interventions and evaluations*."
- ⇒ The older Strategies would then change number: old 1.1 becomes 1.2, etc.
- Israel suggested adding a Strategy (3.4) to identify gaps in prevention efforts.
- ⇒ This new Strategy would, he added, lead back to Strategies 1.1 and 1.2 (Conduct Research on Interventions).
- ⇒ Kym added that this new strategy could encompass recommendations for change, including identifying issues that need other, better, practices applied.
 - She also suggested creating documentation that gives information on how agencies have overcome gaps and other challenges.
- Israel pointed out that some agencies are still doing the same interventions they have been doing for years without regard to the bottom line impact it is having on transmission rates.

Agreements

With the understanding that Kym will do word-smithing, the Committee agreed that:

- ⇒ **Objective 3.2** becomes, "*Identify gaps, challenges, how to overcome challenges, needs and ineffective practices*."
- ⇒ **Objective 3.3** becomes, "*Take promising practices to recommend new prevention approaches*."
- ⇒ **Objective 3.4** becomes old **Objective 3.3**, "*Utilize findings to recommend new prevention efforts*."
- ⇒ **Strategy 3.2 A)** becomes **3.3 A)** and should read "*recommend*" rather than "*use*."
- ⇒ **Strategy 3.3 A)** become **3.4**,

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

July 1, 2004

6. Develop Timeline for Implementation of Strategic Plan

Kym and Tracey explained the timeline as the schedule the Committee will use to complete its work for the year. They highlighted the steps as:

- The Committee decides on the Strategic Plan's processes;
 - The Committee presents its proposal to the Council;
 - The Council reviews, amends and approves the Strategic Plan; and
 - The Strategic Plan is implemented.
- Israel and Kym asked what happens if the Committee doesn't have time to make recommendations in all of the places where the Strategic Plan calls for it to.
 - ⇒ Tracey pointed out that not all recommendations need to come from the committee, that other processes could, and should be used.
 - Tracey pointed out that the Strategic Plan also relates to the RFP.
 - ⇒ To meet the RFP's timeframe the Committee needs to present the plan to the Council and make any changes required in October.
 - ⇒ She noted that the Strategic Plan also relates to the implementation of PEMS.
 - Frank suggested the August meeting be a brainstorming session regarding the connection between Goals and RFP followed by a long meeting (in September?) to finalize everything.
 - ⇒ The longer meeting would allow a final review of the plan in one sitting, as the Committee tends to go back to previous discussions at the beginning of each meeting.
 - Tracey suggested Kym send the changes from this meeting to all members and that they commit to sending back their comments with a proposed timeline.
 - Frank suggested creating a specific schedule of events.
 - Tracey suggested the Committee look at the objectives relative to the RFP and use the August meeting to review the technical assistance (TA) needs of providers for each area.
 - ⇒ Frank pointed out that agencies' staff change with some frequency, so it would be difficult to identify what is needed.
 - ⇒ Lisa pointed out that HPS Program Managers should know what the needs are.
 - Frank and Tracey suggested going through each Action Step to detail how to proceed.

Agreement

It was agreed that the Committee have a second meeting in July. The proposed dates are:

- ⇒ Tuesday 07/27/04 - 3:00 to 5:00 PM, or alternatively
- ⇒ Thursday 07/29/04 - 3:00 to 5:00 PM
- ⇒ ***[update: the next meeting will be July 27, 3-5 PM]***
 - The next regular meeting is scheduled for 08/05/04.

Tracey and Lisa will send email and phone members to determine which date is best and to encourage attendance.

- Frank suggested pointing out that if the Committee gets through all of the Strategic Plan it could cancel the September meeting as a "carrot."

Kym will have the Goals updated by 07/13/04, two weeks in advance of the next meeting.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meetings:

July 1, 2004

7. Next Steps, Evaluation, and Closure

It was noted that evaluation would be by means of Zoomerang.

The meeting adjourned 4:45 PM.

*THE NEXT MEETING IS SCHEDULED FOR TUESDAY, JULY 27, 2004
FROM 3:00 TO 5:00 PM - 25 VAN NESS AVENUE, SUITE 330B.*

Minutes were prepared by David Weinman, Reviewed by Tracey Packer and Lisa Reyes.

HIV PREVENTION PLANNING COUNCIL (HPPC)
Evaluation Committee
Tuesday, July 27, 2004
3:00 pm - 5:00 pm
25 Van Ness Avenue, 330B
San Francisco

DOCUMENTS DEPT.

MAR 29 2006

SAN FRANCISCO
PUBLIC LIBRARY

AGENDA

- | | |
|---|-----------|
| 1. Welcome and Announcements | 3:00-3:10 |
| 2. Public Comment | 3:10-3:20 |
| 3. Approval of Minutes from July 1st, 2004 | 3:20-3:25 |
| 4. Report from Steering Committee | 3:25-3:35 |
| 5. Continue Development of Strategic Plan (Possible Vote) | 3:35-4:00 |
| 6. Develop/Review Timeline for Strategic Plan (Possible vote) | 4:00-4:50 |
| 7. Next Steps, Evaluation, and Closure | 4:50-5:00 |

Next meeting will be August 5, 2004 at 3:00 - 5:00 PM

NOTE: All meetings are open to the public and are held in handicapped accessible facilities.
Meeting dates and times are subject to change, please verify by calling Betty Chan Lew at 554-9492.

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force. Donna Hall, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-7724, Fax: 554-7854, E-Mail: Donna_Hall@ci.sf.ca.us.

In order to assist with the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

HIV PREVENTION PLANNING COUNCIL (HPPC)
Evaluation Committee
Thursday, August 5, 2004
3:00 pm - 5:00 pm
25 Van Ness Avenue, 330B
San Francisco

AGENDA

- | | |
|--|-----------|
| 1. Welcome and Announcements | 3:00-3:10 |
| 2. Public Comment | 3:10-3:20 |
| 3. Develop Proposal for Referral Tracking System (possible vote) | 3:20-4:30 |
| 4. Review Timeline for Strategic Plan (Possible vote) | 4:30-4:50 |
| 5. Next Steps, Evaluation, and Closure | 4:50-5:00 |

Next meeting will be September 2nd, 2004 at 3:00 - 5:00 PM

NOTE: All meetings are open to the public and are held in handicapped accessible facilities.
Meeting dates and times are subject to change, please verify by calling Betty Chan Lew at 554-9492.

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force, Donna Hall, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-7724, Fax: 554-7854, E-Mail: Donna_Hall@ci.sf.ca.us.

In order to assist with the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

DOCUMENTS DEPT.

JUL 30 2004

SAN FRANCISCO
PUBLIC LIBRARY

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meeting:

August 5, 2004

DOCUMENTS DEPT.

MAR 29 2006

SAN FRANCISCO
PUBLIC LIBRARY

Members Present: Marcel Miranda, Israel Nieves-Rivera, Perry Rhodes, III, and Frank Strona.

Members Absent: Chata Ashley, Michael Discepola.

Professional Staff: Tracey Packer (HPS), Mike Pendo (HPS), David Weinman (Note Taker), and Allison Weston (Harder & Co).

1. Welcome and Announcements

Perry Rhodes, III called the meeting to order at 3:16 PM. He invited members to make announcements.

- Israel Nieves-Rivera explained that he is in a workgroup putting together the national evaluation guidance part of the CDC's "*Advancing HIV Prevention Initiative*."
 - ⇒ He would be happy to pass along members' comments.
- Allison reminded members that she is sitting in for Kym Dorman who is on vacation.

2. Public Comment

There was no public comment.

3. Approval of Minutes from July 27, 2004

Motion was made and seconded to accept the minutes from the meeting 07/27/04.

- Tracey pointed out that because of the short turnaround time since the last meeting the draft submitted may have typos and notes attached that would be expunged.
- David Weinman noted that the date listed for the next meeting reads, "*Thursday August 6th*," but should read, "*Thursday August 5th*."

There was no other discussion. No other corrections or objections were offered. The minutes were approved.

4. Report from Steering Committee

Tracey reviewed the draft agenda for the Council meeting next week 08/12/04. It was noted that the agenda was very ambitious for a single meeting.

5. Develop Proposal for Referral Tracking System

Perry introduced the topic by reminding members that the professional staff distributed by email a copy of Chapter 8 - Linkages from the 1997 Plan (CHAPT8.DOC).

⇒ Tracey reviewed the chapter.

Perry asked members for examples of their specific experience with Referral Tracking.

Discussion followed as highlighted by the following - presented by topic.

What is a Successful Referral?

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meeting:

August 5, 2004

- Mike suggested defining what constitutes a successful referral.
- Israel noted that the definition is being grappled with nationally.
 - ⇒ He noted the CDC defines a successful referral as being: referrals in which clients' contact with a service actually occurs and is verified.
 - ⇒ He distributed the document entitled, "*Strategic Referrals for HIV Prevention: Should SF identify which interventions are appropriate to conduct the tracking of referrals?*" a copy of which is available to absent members upon request.
- Israel proposed SF practice strategic referral tracking, limiting the tracking to:
 - Those interventions which can reasonably be monitored,
 - Those interventions worth tracking (as they are not all equal), and
 - Those interventions which would benefit from being tracked.
- Allison asked if what is being measured relates to the desired outcome(s).
 - ⇒ Tracking individual referrals may not provide useful information as regards outcome, while the aggregate of attempted/accomplished referrals might.
 - ⇒ Useful data about tracking, she added, might be a result of several different indicators, including number of completed referrals - but not limited to that statistic.

Barriers to Referral Tracking

The following areas were discussed as barriers --

- Agencies' erroneous identification as bilingual.
 - ⇒ Although some staff may be bilingual they may not be available on the front-line, for all hours of service, or involved in all programs.
- Frank Strona noted that the challenges haven't changed from the 1997 list in Chapter 8.
- Referral at Rapid Testing is a particularly difficult.
- Confidentiality provisions often prohibit providers from reporting on, or verifying, that referrals have taken place.
 - ⇒ Tracking referrals to confidential testing is nearly impossible.
 - ⇒ Mike suggested doing an aggregate of referrals to testing.
 - He noted that Barbara Adler has told him that such information could be provided.
 - ⇒ It was noted that some confidential testing sites ask and record where clients were referred from, and others don't.
- There was discussion about the difficulties of assigning "*Unique Identifiers*" to clients.
 - ⇒ Creating and maintaining a database system able to track clients requires such.
 - ⇒ If the Unique Identifier is random, it becomes unlikely that clients will remember it.
 - ⇒ It was noted that the CDC supports including a Unique Identifier that comes from clients' information and which enables providers to recreate the code when clients' present themselves for service.
 - ⇒ The Unique Identifier may not be confidential if it is based on the clients' data (i.e., all or part of the Social Security Number).
- Israel said that it is important to track referrals to non-prevention providers; i.e., care services, substance abuse, and mental health.
 - ⇒ He noted the difficulty of such tracking, including that non-prevention providers have their own data collection systems, which may, or may not, interface with ELI or PEMS.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meeting:

August 5, 2004

- ⇒ He cited LA's experience where Care and Prevention are on the same system [the HIV Information Referral System (HIRS)] and they exchange encrypted identifiers.
- There was discussion of the confidentiality issues surrounding in tracking referrals relating to Prevention Case Management (PCM).

Barriers in Tracking Outreach

- Alison noted that she is consulting with an Outreach Working Group whose charge includes looking at Referral Tracking.
 - ⇒ She suggested asking participating providers what they are already doing, what is working, and for their views on having to track referrals.
 - ⇒ It was also noted that the Working Group would propose a definition of outreach.
- Marcel questioned if tracking street outreach could be practical, noting that it is very difficult.
- Mike and Perry observed that outreach workers often have creative ways to track referrals, including using Cell Phones and accompanying clients to a service providers.
 - ⇒ Many outreach workers have the attitude that they will see the people again.

Resource Guides

- Israel suggested that resource guides include:
 - When and where bilingual staff is available,
 - Which programs have bilingual support, and
 - Contact information for specific languages.
- Frank suggested resource guides should include if the agency is willing to serve other agencies' populations; and if the agency is open to collaborations.
- Several members commented on the advantages of an online resource guide, saying it would be useful, accessible, and easy to keep updated.

RFP

- Frank suggested using the RFP to specify Referral Tracking and its evaluation/monitoring.
- Marcel said that the new RFP should promote collaboration by encouraging one-to-one relations between staff at different agencies.
- Mike suggested encouraging innovative interventions in the RFP by having providers devise their own evaluation techniques.
 - ⇒ Frank added that by doing this, the DPH's contract managers would have to develop a new role helping agencies develop interventions as well as means of monitoring.
- Marcel Miranda proposed making Referral Tracking a priority.

Mechanisms/Process of Referral Tracking

- Frank asked if individual referrals have to be tracked, or if the tracking could be of the total number of referrals.
- Marcel suggested a online referral system that could include:
 - Searchable by population served, location, and service(s) provided;
 - Printing out where the referral is (address, phone, map) for the client; and
 - Tracking of the referral by the system.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meeting:

August 5, 2004

- Marcel noted that to simplify tracking *Glide* keeps separate lists of referrals to different services.
- He also said that *Glide* is working on a way to provide incentives for completed referrals.
- Mike suggested monitoring different referral methods to evaluate which, if any, work.
- Frank and Tracey noted that while the ELI system has some facility to collect data about referrals, PEMS may be more comprehensive, flexible, and customizable.
- Israel suggested the Council agree upon a small number of referrals to track citywide.

Performance Indicators

- There was discussion regarding Performance Indicators (PI), touching on these issues:
 - ⇒ The need to avoid contradicting the CDC's current and future requirements.
 - There was agreement, however, that SF HPPC should not wait for the CDC's direction but should proceed with meeting local needs.
 - ⇒ The CDC's current PI are established, and included in the 2004 Plan.
 - The Council's role is to ensure good faith efforts are made to comply with the funders' requirements.
 - ⇒ Providers could develop their own indicators, in addition to the established set.
 - ⇒ The DPH should provide technical assistance to agencies helping them develop their own indicators as well as to work with those established by funders.
- There was discussion regarding who should draw up requirements beyond those of the CDC, including these points:
 - ⇒ The Council could create a list of requirements.
 - Objection was raised as the Council's role is to prioritize funding, not to create requirements.
 - ⇒ The Council could direct the AIDS Office to establish requirements.
 - ⇒ Providers could be given a set of PI to choose from.
 - ⇒ Providers could create their own requirements.
 - Individually, or with the help of DPH Contract Managers.
 - ⇒ Providers could combine their own customized PI with those offered to choose from.
- It was suggested the Committee create a matrix evaluating Referral Tracking that:
 - ⇒ Monitors the PI specified by funders,
 - ⇒ Oversees the PI devised by providers, and
 - ⇒ Includes a review of both types of indicators by DPH's Contract Managers.
- Several members suggested the HPPC should keep ahead of the CDC's requirements.

Where to start?

- Mike suggested absent research data, the Committee should decide what it thinks will work and track that.
- Marcel suggested starting Referral Tracking in a simple, doable way as a means of building up experience and knowledge of what to do and how to do it.
 - ⇒ He demonstrated by showing *Glide*'s new referral calling cards:
 - Cards are distributed to providers participating in the tracking exercise;
 - Cards are marked as coming from the referring agency (internal or external);
 - The providers give clients a card when referring them to *Glide*'s services; and

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meeting:

August 5, 2004

- Periodically, the cards are counted and tallies generated.
- ⇒ He added that the Committee/Council should let providers know what was considered.
- Israel suggested starting with one of the areas highlighted in the document he distributed: Outreach, Counseling, Outreach Events, Groups, City Wide, and Counseling and Testing.
- Frank suggested that agencies funded for several interventions should start by tracking only the most effective.

Agreement was reached that providers should choose which intervention(s) to track - that tracking all referrals is not practical.

Proposed Referral Tracking Process:

The members jointly drew up the following four-step process:

1. Choose an Intervention
2. Choose a method for tracking referrals
3. Evaluate the process for the first year
4. Resources

Discussion and clarification followed.

1. Choose an Intervention

- ⇒ It was agreed that the referrals to be tracked should be funded interventions.
- ⇒ Perry said that providers should have confidence that the DPH won't override their choice.
- ⇒ The process should ensure that providers don't all track the same type of referral.
- ⇒ Tracey suggested including narrative in the RFP explaining that some referrals would be tracked and alerting providers to be prepared.
- ⇒ Frank said that different interventions could be tracked during the next monitoring period.
- ⇒ Israel suggested narrative making it clear that Referral Tracking is new and that the monitoring will be used to develop effective, meaningful tracking.

2. Choose a Method for Referral Tracking

- ⇒ A number of methodologies of tracking were discussed (including: referral cards, and an Internet-based tracking system) and the members agreed to offer these processes:
 - A Menu of methods providers could choose from; and/or
 - Providers, working with HPS, develop their own methods.
- ⇒ It was suggested that focus groups could be held with providers to inform the menu choices.

3. Evaluate the Process for the First Year.

- ⇒ Frank suggested including in the RFP provisions for annual reviews of the effectiveness of providers' Referral Tracking.
- ⇒ It was suggested that programs are to be evaluated based on developing and implementing a tracking system, rather than the results of the tracking.
 - Particularly as there is no comparison data available.
- ⇒ It was noted that while evaluation is important, it is often seen as punitive, and providers need to be encouraged.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meeting:

August 5, 2004

- ⇒ Marcel said that after a year it should be clear which types of Referral Tracking work.
 - He added that the review should also suggest improvements and enhancements.
- ⇒ Tracey suggested establishing a Committee to review tracking data collected.
- ⇒ She highlighted, however, that it can be difficult to change things in the middle of a contract period.
- ⇒ Israel said that the RFP's narrative should explain that the process would include annual reviews/evaluations as well as ongoing modifications/improvements.

4. Resources

- ⇒ There was discussion regarding the funding of Referral Tracking, including whether to include the cost by shrinking services, or add it as a cost item.
- ⇒ Mike suggested pairing staff from the Applied Research Unit to each agency for assistance in evaluating referral tracking.

Motion was made and seconded to approve four-step process described. There was no further discussion. There were no objections or abstentions. The motion was agreed by consensus.

6. Review Timeline for Strategic Plan

It was agreed that during the 09/02/04 meeting the Committee would discuss Strategies:

- 1.2 B) Provide technical assistance to providers to fulfill evaluation requirements ...
- 1.3 A) Make evaluation useful and meaningful.
- 1.4 A) Development of standardized outcomes/performance measures.
- 2.1 A) Use of CDC's performance indicators.

7. Next Steps, Evaluation, and Closure

The meeting adjourned 4:56 PM.

*THE NEXT MEETING IS SCHEDULED FOR THURSDAY, SEPTEMBER 2ND, 2004
FROM 3:00 TO 5:00 PM - 25 VAN NESS AVENUE, SUITE 330B.*

Minutes were prepared by David Weinman, Reviewed by Tracey Packer and Perry Rhodes III.

HIV PREVENTION PLANNING COUNCIL (HPPC)
Evaluation Committee
Thursday, September 2, 2004
3:00 pm - 5:00 pm
25 Van Ness Avenue, 330B
San Francisco

DOCUMENTS DEPT.

AUG 25 2004

SAN FRANCISCO
PUBLIC LIBRARY

08-25 04P03:54 RLV0

AGENDA

- | | |
|--|-----------|
| 1. Welcome and Announcements | 3:00-3:10 |
| 2. Public Comment | 3:10-3:20 |
| 3. Approve Minutes from August 5, 2004 | 3:20-3:25 |
| 4. Continue Work on Strategic Plan for Evaluation | 3:25-4:50 |
| 1.2 B) Provide technical assistance to providers to <u>fulfill</u> evaluation requirements ... | |
| 1.3 A) Make evaluation useful and meaningful. | |
| 1.4 A) Development of standardized outcomes/performance measures. | |
| 2.1 A) Use of CDC's performance indicators. | |
| 5. Next Steps, Evaluation, and Closure | 4:50-5:00 |

Next meeting will be October 7, 2004 at 3:00 - 5:00 PM

NOTE: All meetings are open to the public and are held in handicapped accessible facilities.
Meeting dates and times are subject to change, please verify by calling Betty Chan Lew at 554-9492.

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force. Donna Hall, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-7724, Fax: 554-7854, E-Mail: Donna_Hall@ci.sf.ca.us.

In order to assist with the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meeting:

September 2, 2004

DOCUMENTS DEPT.

MAR 29 2006

SAN FRANCISCO
PUBLIC LIBRARY

Members Present: Michael Discepola, Israel Nieves-Rivera, Perry Rhodes, III, and Lisa Reyes.

Members Absent: Chata Ashley, Marcel Miranda, and Frank Strona.

Professional Staff: Kym Dorman (Harder & Co), Tracey Packer (HPS), Mike Pendo (HPS), David Weinman (Note Taker), and Allison Weston (Harder & Co).

1. Welcome and Announcements

Perry Rhodes, III called the meeting to order at 3:20 PM. He invited members to make announcements.

- Perry announced a fund raising event 10/16/04 for Cal PEP.
- Israel Nieves-Rivera pointed out that this Committee's last meeting had only one evaluation submitted and he encouraged members to respond to the Zoomerang.

2. Public Comment

There was no public comment.

3. Approval of Minutes from August 5, 2004

Minutes were approved without comment, objection, or abstention.

Discussion of Presentation to Council 09/09/04 (Added to Agenda)

Perry explained that in light of the Committee's presentation to Council next week (09/09/04) this item has been added to the agenda. Allison Weston distributed a draft presentation entitled, "*Changing the Culture of Evaluation in SF HIV Prevention*," a copy of which is available to absent members upon request. She explained that she put the draft together as a starting point for the Committee's discussion. The attendees review included the following (listed by topic).

Motions to Offer

Number of Motions

The following suggestions were made regarding the number of motions to offer.

- One motion could suffice, as Referral Tracking is part of The Plan.
- Make two motions:
 - ⇒ One approving the 2005-2007 Strategic Plan for HIV Prevention Evaluation in SF (The Plan), and
 - ⇒ The second approving the proposed Referral Tracking process.
- Alternative two motions:
 - ⇒ One approving, in concept, the framework of The Plan, and
 - ⇒ The second approving the Objectives, Strategies, and Action Steps.

Discussion included the following.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meeting:

September 2, 2004

- Mike Pendo noted that rather than approving either The Plan or Referral Tracking, the Committee could propose the Council provide "*Approval of concept*."
 - ⇒ Kym Dorman said that the Council could approve a framework by concept vote.
- Israel argued that Referral Tracking is an actual shift in policy, not just procedure, and so should be motioned and discussed separately.
 - ⇒ Most of the rest of The Plan is reconfirming what is already done.

Agreement

The members agreed to make two motions.

Referral Tracking

There was a great deal of discussion of the importance of Referral Tracking as well as some of difficulties the topic raises to providers, including the following highlights.

- Israel noted that there is a national movement to evaluate interventions.
 - ⇒ Not all are interventions are to be evaluated immediately, rather providers should choose which are to be reviewed and how.
 - ⇒ Criteria are different for different interventions.
- Mike P noted that Referral Tracking was attempted several years ago without much success, and this time the approach needs to be more creative so as to involve providers.
- Michael D suggested explaining that the most important thing is that people get linked with services, and that to do so efficiently requires some tracking.

Some of the specific issues discussed include the following.

The Word "Tracking"

Several members expressed concern with the connotations of the word, "*Tracking*" and several alternatives were raised including:

- ⇒ Linkage;
- ⇒ Confirmation of Referrals;
- ⇒ Documentation;
- ⇒ Verification;
- ⇒ Recording;
- ⇒ Confirmation of Referral (CR);
- ⇒ Confirmation and Recording of Referrals (CRR);
- ⇒ Comprehensive Confirmation and Recording of Referrals (CCRR);
- ⇒ Did they go where they we sent them;
- ⇒ Referral Verification;
- ⇒ Referral and Confirmation of Referral; and
- ⇒ Referral Confirmation and Recording.

Discussion included the following.

- Allison noted that other jurisdictions are calling it "*Tracking*" and argued for the value of keeping language consistent.
- Michael Discepola said that part of the Committee's role is to make the processes easier and friendlier for providers thus promoting greater participation.
- Mike P suggested that using a different term would be disingenuous, and that providers will see through it.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meeting:

September 2, 2004

- Perry argued the importance of using the right terminology so as not to alienate providers and community members.
 - ⇒ He added that during the presentation it could be explained that what is being referred to is Referral Tracking

Agreements/Action

Agreement was reached to use terminology other than, "*Referral Tracking*." Kym will circulate worth-smithing ideas to members my email 09/03/04.

Content and Order of Presentation

The following changes to the draft presentation were agreed upon.

The Plan

- ⇒ The flow chart (slide 9) provides an overview of the Goals and should go before the Goals' descriptions.
- ⇒ Presenter will only review some of the bullet-listed Strategies in each Objective.
- ⇒ Perry will ask members to hold questions to the end of the review of each goal.
- ⇒ After reviewing The Plan the presentation should offer the motion to approve.

Referral Tracking

- ⇒ Referral Tracking will be discussed during the overall review and, in greater depth, in association with the motion to accept the Committee's proposal on Referral Tracking.
- ⇒ Perry will note that Strategies other than Referral Tracking may also have policy and/or RFP implications requiring the Council's approval.

Overall

- ⇒ Perry will be the Presenter, with other members providing support.
- ⇒ Order of presentation sections/slides:
 - Title Slide;
 - Overview of presentation's objectives
 - * Note there are two motions for Referral Tracking and The Plan;
 - Visual / Chart of Goals
 - * As introduction to The Plan
 - Review of The Plan
 - * Including some, but not all, highlighted Strategies within each Goal;
 - Motion to approve The Plan; and
 - Discussion & Vote;
 - Referral Tracking introduction;
 - Explanation of Referral Tracking;
 - Committee's proposal regarding Referral Tracking;
 - Motion to approve proposed Referral Tracking process; and
 - Discussion & Vote.
- ⇒ It was noted that changes may be offered and amendments made at the Council meeting by way of including such alterations in the motion to approve.

Re-draft of both the presentation and The Plan will be sent to members 09/03/04.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meeting:

September 2, 2004

4. Continue Work on Strategic Plan for Evaluation

The following changes to The Plan were proposed and discussed.

- Goal One -
 - ⇒ Strategy 1.3 A) should end with language from Strategy 1.3B), "*(and) reflect community/program priorities.*"
- Goal Two -
 - ⇒ Abbreviate / make shorter and simplify the wording of the Strategies
 - ⇒ Add modifying phrases, such as "*Conducted casually.*"
- Goal Three -
 - ⇒ Strategies 3.1 & 3.2 A) add "*proven practices*" in the list of "*Summary of findings of intervention studies.*"

Agreement

Motion was made and seconded to amend The Plan as discussion. There was no further discussion, objection, or abstention. The motion was approved.

- Members discussed changing the wording of the Action Steps throughout The Plan as the HPPC doesn't track, but can be part of dialogue, and may request updates and/or reports on issues.

Agreement

The Committee agreed that the wording of the Action Steps should reflect the HPPC's actual role.

- ⇒ The Plan submitted for approval 09/09/04 will incorporate this understanding.

Action Steps

Allison said that the items listed in the Agenda are those Action Steps that still need to be reviewed and agreed upon by the Committee. Discussion followed.

1.2 B) Provide technical assistance to providers to fulfill evaluation requirements ...

- Kym suggested the Committee agree upon a definition of Technical Assistance (TA).
- Israel said that this Action Step was intended specifically for providers who are not familiar with HIV prevention processes and procedures.
- Michael D said that this Action Step more accurately should be that the HPPC (not the Evaluation Committee) recommends that the AIDS Office provides TA.
- Allison noted that Compass Point did a Needs Assessment on this and that there is a process in place to identify and address TA issues.
- Allison suggested rather than recommending processes, the HPPC should foster partnerships with providers.
 - ⇒ Michael D added information sharing as part of such partnerships.
- Israel suggested the provision of TA *flow* in response to the previous Strategies in Goal One - conducting literature review (1.1 A) and research on interventions (1.2 A).
 - ⇒ He added that this might be addressed by way of word-smithing.

Agreements Reached

- ⇒ Change Strategy 1.2 B):
 - To include, "to help fulfill requirements";

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meeting:

September 2, 2004

- Reword "*HPPC will make sure that providers receive TA to understand...*" to "*Evaluation Committee recommends that the HPPC be part of the discussion regarding how TA is provided ...*"

1.3 A) Make evaluation useful and meaningful.

- Kym asked if this Action Step should be, "*The Evaluation Committee recommends HPPC and the AIDS Office be in regular conversation / dialogue with providers regarding how to make evaluation data available and useful,*" rather than, "*The Evaluation Committee recommends processes for how HPPC will collaborate ...*"
- Allison suggested the Committee recommend an inventory of data from the ELI system.
 - ⇒ Israel noted that such is part of Marise Rodriguez's presentation, "*Client Level Data Collection Systems*" which was moved from the 08/12/04 to the 09/09/04 Council meeting agenda.
 - ⇒ He added that this topic is on the Parking Lot.

Agreements Reached

It was agreed to accept Kym's recommendation for restating Action Step 1.3 A).

5. Next Steps, Evaluation, and Closure

- At the next meeting 10/07/04 discussion will continue on the Action Steps on the agenda, but not covered at this meeting:
 - 1.4 A) Development of standardized outcomes/performance measures.
 - 2.1 A) Use of CDC's performance indicators.

Motion to adjourn was offered and seconded. There was no discussion, or objection. The meeting adjourned at 5:03 PM.

***THE NEXT MEETING IS SCHEDULED FOR THURSDAY, OCTOBER 7TH, 2004
FROM 3:00 TO 5:00 PM - 25 VAN NESS AVENUE, SUITE 330B.***

Minutes were prepared by David Weinman, Reviewed by Lisa Reyes and Perry Rhodes III.

HIV PREVENTION PLANNING COUNCIL (HPPC)**Evaluation Committee****Thursday, October 7, 2004****3:00 pm - 5:00 pm****25 Van Ness Avenue, 330B****- San Francisco -****AGENDA**

- | | |
|---|-----------|
| 1. Welcome and Announcements | 3:00-3:10 |
| 2. Public Comment | 3:10-3:20 |
| 3. Approve Minutes from September 2, 2004 | 3:20-3:25 |
| 4. Continue Work on Strategic Plan for Evaluation:
Complete Action Steps | 3:25-4:00 |
| 5. Referral System: Discuss and Finalize Methods for
Evaluating Successful Referrals | 4:00-4:50 |
| 6. Next Steps, Evaluation, and Closure | 4:50-5:00 |

DOCUMENTS DEPT.

SEP 30 2004

SAN FRANCISCO
PUBLIC LIBRARY

NOTE: All meetings are open to the public and are held in handicapped accessible facilities.
Meeting dates and times are subject to change, please verify by calling Betty Chan Lew at 554-9492.

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force. Donna Hall, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-7724, Fax: 554-7654, E-Mail: Donna_Hall@ci.sf.ca.us.

In order to assist with the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meeting:

October 7, 2004

DOCUMENTS DEPT.

MAR 29 2006

SAN FRANCISCO
PUBLIC LIBRARY

Members Present: Marcel Miranda, Israel Nieves-Rivera, Perry Rhodes, III, Lisa Reyes and Frank Strona.

Members Absent: Michael Discepola and Chata Ashley.

Professional Staff: Kym Dorman (Harder & Co), Tracey Packer (HPS), Mike Pendo (HPS), and David Weinman (Note Taker).

Guests: Janetta Johnson (Member HPPC), Giovanni Petruccelli (Haight-Ashbury Preventative Services), Dina Wilderson (Larkin Street), and Teddy Partridge (Stop AIDS)

1. Welcome and Announcements

Perry Rhodes, III called the meeting to order at 3:13 PM. He invited attendees to introduce themselves to make announcements.

- Perry announced a fundraising event 10/16/04 for Cal Pep in Oakland. He will email announcements to members.
- Israel Nieves-Rivera noted that 10/15/04 is National Latino AIDS Day.
- Israel also announced that a video about AIDS in the Latino community has been locally produced and that about 500 copies are available for agencies serving Latino populations.
- Frank Strona announced a Community Forum entitled, "*Multiple Lives: a Man's Personal Journey*" will be held 10/27/04 at the Main Branch, SF Public Library.
 - ⇒ The purpose of the forum is to de-stigmatize men on the "down-low."
 - ⇒ He noted this is a collaboration between Stop AIDS and the SF DPH.
 - ⇒ Participants from Alameda County, and other surrounding areas, would be welcomed.
 - ⇒ He also pointed out that men of color face far more stigma than white men.

2. Public Comment

There was no public comment.

3. Approval of Minutes from September 2, 2004

The following corrections were noted:

- ⇒ The date on the document reads, "*August 5, 2004*," should be, "*September 2, 2004*;"
- ⇒ Tracey Packer was listed as in attendance, but was in fact not at this meeting.

Motion was made and seconded to accept the Minutes as amended. There as no further discussion, or objection. The minutes were approved with Marcel Miranda and Frank Strona abstaining.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meeting:

October 7, 2004

4. Continue Work on Strategic Plan for Evaluation: Complete Action Steps

Kym Dorman distributed the document entitled, "*Changing the Culture of Evaluation in SF HIV Prevention 2005-2007 STRATEGIC PLAN FOR HIV PREVENTION EVALUATION IN SF - Draft October 7, 2004*" (the Strategic Plan), a copy of which is available to absent members upon request. Israel Nieves-Rivera provided some background particularly for the guests.

- ⇒ In 2003 HPPC rewrote its multi-year HIV Prevention Plan (The Plan).
- ⇒ As a result the Evaluation Committee was formed for the Council's 2004 term.
- ⇒ The Evaluation Committee's charge has been to come up with an evaluation strategy that adheres to The Plan's principles and is comprehensive, applicable citywide, and not program specific.
- ⇒ The drafted Strategic Plan provides Goals, Objectives, and Strategies to address SF's Evaluation need, particularly in light of the CDC's new initiative ("*Advancing HIV Prevention*").
- ⇒ The draft also provides an overview of who is responsible for/participates in accomplishing each of the components of the Strategic Plan.
- ⇒ This is a strategic approach to Evaluation based on what the Community's objectives.
- ⇒ The Strategic Plan is comprised the three Goals (page 6):
 - Goal 1 - Gathering the Stories;
 - Goal 2 - Creating Information Bridges; and
 - Goal 3 - Using the Stories to Create Change.

Discussion followed, including the following highlights.

General / Wording

Marcel said that the Introduction reads awkwardly.

- ⇒ Teddy Partridge offered that it reads somewhat awkwardly, but understandably so.
- ⇒ Kym will review and make adjustments / word-smithing.

Kym highlighted a number of instances where the draft reads, "*HPPC in collaboration with the AIDS Office should be part of the discussion to...*" She suggested and there was general agreement that the Committee review each occurrence, as follows.

Strategy:	Discussion Agreement
1.1 A)	Wording okay as is.
1.2 A)	• Frank suggested adding a chart showing the current status of each item including that activities are "<i>in process</i>" or "<i>planned</i>". ⇒ He added that the chart could be an appendix to the Strategic Plan. • Israel said that members would probably know what the statement means, but that it might not be clear to other readers. • Marcel said that "<i>should be part of the discussion</i>" is not strong enough, but while the Committee doesn't want to dictate, it should be clear that the work between the HPPC and the AIDS Office is a process. • Tracey suggested that this Strategy read "<i>HPPC in collaboration with the AIDS Office should prioritize...</i>" • Israel asked if the term, "<i>research</i>" is comprehensive enough,

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meeting:

October 7, 2004

Strategy:	Discussion Agreement
	questioning if it includes Needs Assessments and other small projects. ⇒ He suggested what "research" includes should it be specified. - Marcel said the Committee shouldn't define the HPPC's role too narrowly. ⇒ He said that the HPPC has a responsibility to point out if it sees something being overlooked. - Lisa Reyes said that in this Strategy research is on interventions which defines the research narrowly enough. - Tracey suggested wording that could include Needs Assessment and the like, adding that the intent is to keep current / up to date on what is being done. - Israel suggested adding some specifics in the Action Steps. - He also suggested adding working with providers. - Teddy Partridge suggested adding footnotes specifying requirements. - Tracey suggested "The HPPC in collaboration with the AIDS Office identifies priorities and recommends..." It was agreed that the Recommendation read, "The HPPC in collaboration with the AIDS Office identifies priorities and recommends..."
1.3 B)	Same as 1.2 B)
1.3 C)	- Kym suggested adding this to the chart Frank suggested earlier - a snapshot of how qualitative research is currently being handled. ⇒ She observed that a visual presentation makes it more interesting. ⇒ She added that the chart should highlight that it can/will change. - Israel suggested using HPPC/DPH/HPS activities in Visitation Valley and the Gay Men's Health Initiative, as examples of qualitative research. - He also suggested that the qualitative research process should include provisions for the findings to be reported back. - Mike Pendo suggested the examples should also note that there is a lot of similar qualitative research underway. - Frank suggested changing the wording to, "... will collaborate with the AIDS office to identify interventions..." Change wording to, "The HPPC will collaborate with the AIDS Office to identify interventions..."
1.4 A)	Change wording to, "The HPPC will collaborate with the AIDS Office..." (shorter and simpler)
2.1 B)	- It was suggested to adjust the wording as per previous items. - It was also suggested to add that findings of programs' effectiveness will be reported back to the HPPC - Marcel said that it isn't clear to an outsider who is determining program effectiveness and/or taking action on such findings. - Israel observed that determining program effectiveness isn't being done this year, but will happen in future years.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meeting:

October 7, 2004

Strategy:	• Discussion Agreement
	⇒ He added that the information is currently being gathered, but findings are not yet available. • Mike suggested changing the wording from "<i>Use qualitative findings...</i>" to "<i>Use qualitative data...</i>" ⇒ He added that it needs to be clear that the Strategic Plan supports qualitative data. • Kym noted that this Strategy links to Strategies in Goal 3. Change wording to, "<i>Use qualitative data to determine...</i>"
2.2 A)	Adjust language as per wording in previous Strategies, and change language from "... identify priority emerging community issues," to "identify prioritized emerging issues."
2.3 A)	• It was suggested the language should read, "<i>The HPPC and AIDS Office works together to share information...</i>" • Mike said that Counseling and Testing (C&T) information is already shared, but it is not very clear nor is it shared with everyone. ⇒ He suggested making C&T information user friendly and help providers understand the available data. ⇒ Kym added making the information is accessible, useful, and includes data on the trends. ⇒ It was also suggested that this Strategy be re-worded to "<i>enhance</i>," not "<i>create</i>." ⇒ Perry suggested this Strategy include putting C&T data on the HPS' web site. It was agreed to reword the Strategy and Recommendations as per the suggestions and in accord with previous Strategies.
2.3 B)	• It was noted that information is being collected, although currently not being used. • Tracey observed that the Committee has indicated that it wants this to be a priority. ⇒ She added that the HPPC/HPS will figure out how to make it happen. • Marcel noted that agencies are collecting and reporting information on programs' successes and ways to improve them. The challenge, he added is how to report this to the community. ⇒ He also noted that while this information is reported on the monitoring report, agencies aren't given "points" for tracking this. ⇒ Exploring the successes and finding ways to improve programs is the link between 'Telling the story' and Evaluation. • Israel said that there is a bridge from providers to HPS but the story of successes is not being shared. ⇒ He suggested that the information might not be collected in a way that makes sense to providers.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meeting:

October 7, 2004

Strategy:	• Discussion Agreement
	• Kym said that part of what's missing is reporting from HPS to the community. • Tracey said the objective should be to do this better and suggested keeping this as a priority with the understanding that how to do it is an Action Item for 2005. It was agreed to discuss this Strategy in more detail at the December Committee meeting (12/02/04).
3.1 & 3.2 A)	It was agreed to reword the Recommendation in accord with previous items.
3.3 A)	It was agreed to reword the Recommendation in accord with previous items.
3.4 A)	It was agreed to reword the Recommendation in accord with previous items.

Kym reminded members that some items were prioritized for early discussion so they could be included in the RFP.

Other Items/Suggestions

- Mike Pendo stated noted that the Strategic Plan shouldn't make specific program improvement specifications, but rather focus on the big picture.
- Israel and others said that many components of the Strategic Plan may require having a standing Evaluation Committee; particularly to report back findings and take action based on those findings.
 - ⇒ Tracey suggested that the Committee not make specific recommendations regarding how to accomplish what the Strategic Plan calls for.
 - ⇒ She added that the Committee's task is to specify what needs to be done.
 - ⇒ She also suggested that if the Committee chooses, it should make a separate recommendation regarding making the Evaluation Committee a standing committee.
- Teddy Partridge suggested adding a column showing who is the consumer of the recommended Action Steps.

5. Referral System: Discuss and Finalize Methods for Evaluating Successful Referrals

Perry explained that the purpose of the discussion is to develop a menu of methodology options providers could choose from as discussed at previous Committee meetings. It was noted that providers would choose one intervention to track for one year.

Methodology Menu Options:

- ⇒ Referral Cards, follow-up later
 - * Self Addressed
 - * Color Coded;
- ⇒ Physically accompanying client to agency;
- ⇒ Referral Tracking Form - with follow-up; and
- ⇒ Self Reporting

Discussion following including the following.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meeting:

October 7, 2004

- Providers should be asked to use one of the methods listed, or they may use their own method of tracking.
- The process is not to be punitive, and if it doesn't work providers should try something else.
- Frank suggested combining all of the agencies using the same method in meeting to share information on that methodology.
 - ⇒ Marcel added that providers who use the same methodology could evolve into collaborating between agencies.
 - ⇒ He also noted that currently while Memorandum of Understanding (MOU) are encouraged, they are not funded.
 - ⇒ Israel said that connection between agencies fits into agencies logic model.
 - ⇒ Frank noted that agencies working on the same methodologies would encourage collaboration and bring some clarity and priority to the MOU process.
 - ⇒ Israel noted that this would be useful to encouraging agencies to meet the needs of their target population(s).
- Giovanni Petruccelli asked would the Referral Tracking being proposed would apply to all agencies a client goes to or just the initial referral.
 - ⇒ Frank responded that how it is applied would be based on how the various agencies develop it.
- Israel noted that a difficulty has long been encouraging referral to non-prevention agencies.
- Mike P said that the kinds of referrals should be self-generated, that if the HPS encourages specifics it tends to become a sort rule which would not produce the collaborative results the Strategic Plan envisions.
- Teddy Partridge suggested that self-generated collaboration doesn't work and it needs to be contractual and with monetary implications..
- Tracey added that the need is for the development of linkages that work for the clients.
- Frank suggested that whoever writes this part of the RFP needs to find the balance between requiring linkages and encouraging self-generated collaboration.
- Teddy Partridge suggested there is a need for a structured system and that incentives should be built into the system as part of the overall budget.
- Giovanni Petruccelli noted that clients often experience that agencies are unaware of each other.
- Perry said that MOUs aren't always practical, that they can get too big and complex, and they need to be limited so as to be manageable.
- Mike said that the first step is to determine if a referral has taken place and that the Council and providers can work from there on effectiveness.
- Perry suggested starting small.
- Frank suggested the menu include what kind of referral and to whom.
 - ⇒ He added that who referrals are made to should be from within the providers' list of existing MOUs with an emphasis on those collaborations that make the most sense.
- Israel added that the idea is to understand who the provider's partners are.
- Teddy Partridge suggested calling this a "pilot program."
- Marcel suggested a guideline such as 10% of a provider's clients.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meeting:

October 7, 2004

- Tracey suggested a guideline of a percentage of a program or an intervention whichever is more practical
- Perry suggested he, Kym, Tracey and/or Mike get together and put together a form for the members' consideration.

6. Next Steps, Evaluation, and Closure

At the next meeting 12/02/04 discussion will continue on the Action Steps on the agenda, but not covered at this meeting:

Motion to adjourn was offered and seconded. There was no discussion, or objection. The meeting adjourned at 5:03 PM.

*THE NEXT MEETING IS SCHEDULED FOR THURSDAY, DECEMBER 2ND, 2004
FROM 3:00 TO 5:00 PM - 25 VAN NESS AVENUE, SUITE 330B.*

Minutes were prepared by David Weinman, Reviewed by Tracey Packer, Lisa Reyes and Perry Rhodes
III.

HIV PREVENTION PLANNING COUNCIL (HPPC)**≡ Evaluation Committee****Thursday, December 2, 2004****3:00 pm - 5:00 pm****25 Van Ness Avenue, 330B****San Francisco****≡ AGENDA**

- | | |
|--|-----------|
| 1. Welcome and Announcements | 3:00-3:10 |
| 2. Public Comment | 3:10-3:20 |
| 3. Approve Minutes from October 7, 2004 | 3:20-3:25 |
| 4. Report from Steering Committee | 3:25-3:35 |
| 5. Review Strategic Plan for Approval (vote) | 3:35-4:15 |
| 6. Discuss Next Steps for 2005 | 4:15-4:50 |
| 7. Next Steps, Evaluation, and Closure | 4:50-5:00 |

DOCUMENTS DEPT.

NOV 24 2004

SAN FRANCISCO
PUBLIC LIBRARY

11-24-04 P04:01 RCVD

NOTE: All meetings are open to the public and are held in handicapped accessible facilities.
Meeting dates and times are subject to change, please verify by calling Betty Chan Lew at 554-9492.

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force: Donna Hall, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-7724, Fax: 554-7854, E-Mail: Donna_Hall@ci.sf.ca.us.

In order to assist with the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee
Action Minutes From Meeting:
December 2, 2004

DOCUMENTS DEPT.

MAR 29 2006

SAN FRANCISCO
PUBLIC LIBRARY

Members Present: Marcel Miranda, and Perry Rhodes, III.

Members Absent: Michael Discepolo, Israel Nieves-Rivera, Lisa Reyes and Frank Strona.

Professional Staff: Kym Dorman (Harder & Co), Tracey Packer (HPS), and David Weinman (Note Taker).

1. Welcome and Announcements

Perry Rhodes, III called the meeting to order at 3:15 PM. He observed that this was his first year of involvement with the HPPC and expressed satisfaction with what he learned, observed, and gained from the experience. Discussion followed about the value and benefits of the community planning process.

2. Public Comment

There was no public comment.

3. Approval of Minutes from October 7, 2004

As there was no quorum the minutes could not be approved, however, no additions, corrections or changes were offered.

4. Report from Steering Committee

There was no report from the Steering Committee.

5. Review Strategic Plan for Approval

Kym Dorman noted that a draft of the Strategic Plan entitled, "*Change the Culture of Evaluation in SF HIV Prevention*," (dated 11/23/04) was distributed to members by e-mail. She distributed a final draft of the Strategic Plan (dated 12/02/04), a copy of which is available to absent members upon request. Kym explained that the changes discussed and agreed upon are reflected and highlighted in both drafts (11/23 and 12/02/04). Discussion followed.

- Kym drew the members' attention to the changes in the penultimate paragraph on page 1 (beginning, "*The purpose of this strategic plan...*") of the 12/02/04 draft.
 - ⇒ The last three sentences of that paragraph have been re-written for clarity's sake.
- Perry asked about the HPPC monitoring items that are to be implemented by others.
 - ⇒ Tracey Packer suggested that implementation, including monitoring, be included in the items to be addressed by next year's successor committee (the '05 Committee).
- Strategy 1.1 A) Action Steps (page 7)
 - ⇒ Marcel Miranda suggested that the "*experts*" called for be defined.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meeting:

December 2, 2004

- Kym cited Willi McFarland and others as examples of experts.
 - There was general agreement on this clarification.
 - ⇒ Tracey pointed out that the second bullet's reference to the, "*last consensus meeting*," may not be appropriate because consensus meetings deal with incidence and prevalence rather than intervention.
 - Kym explained that the consensus meetings were cited because their findings reflect the effectiveness of citywide activities / interventions.
 - Marcel added that the incidence and prevalence numbers show the Council where the epidemic is and what activities make sense.
 - Tracey suggested the reference be changed to include epidemiologic information.
 - There was agreement on this change.
 - Kym noted an overall gap in qualitative information.
 - ⇒ It was suggested that this be part of the '05 Committee's objective.
 - Strategy 1.2 B) Action Steps (page 8)
 - ⇒ Marcel noted the wording is a run-one sentence.
 - ⇒ Kym suggested adding parenthesis around the clause, "*who receive awards before contracts are approved*" to address the grammar.
 - Strategy 1.3 A) Action Steps and Status of Strategy (page 8)
 - ⇒ Marcel noted the typo which reads, "...OD/TA were..." which should read "...OD/TA where..." (as does 1.3 B).
 - Strategy 1.3 B) Action Steps (page 8)
 - ⇒ Marcel suggested changing the to, "...outcomes and to suggest new outcomes."
 - Strategies 2.2 A), B) Action Steps (page 10)
 - ⇒ Marcel suggested removing "*appropriate*" from the clause, "*all appropriate community stakeholders*."
 - ⇒ There was general agreement on this change.
 - It was noted that the 1997 Plan had a good strategic plan for evaluation, but that national emphasis on client-level data collection took priority.
 - Kym asked about the mechanism of taking the final draft of the Strategic Plan to the HPPC for review/approval.
 - ⇒ Discussion followed including -
 - The Council approved the Strategic Plan as submitted by the '04 Evaluation Committee including the Strategic Plan, the Goals, Objectives, and Strategies.
 - '05 Committee will submit the final to HPPC, including their recommendations regarding the issues/components they are charged with.
6. **Discuss Next Steps for 2005**
- The following are the items discussed as recommendations for the '05 Committee.
- **Action Steps**
 - ⇒ It was explained that the Council has not as yet approved the version of the Action Steps included in the Strategic Plan.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meeting:

December 2, 2004

- ⇒ It was noted that the substance of the Action Steps had previously been discussed and agreed upon and that the recommended changes are not substantive - consisting mostly of grammar.
- ⇒ It was agreed that completion of the Action Steps and their submission to the Council is a task for the '05 Committee.
- **Implementation** of the Strategic Plan
 - ⇒ -How and when should the HPPC do things
- **Methodology**, including:
 - ⇒ How should the DPH/AIDS Office and/or others accomplish the actions called for?
 - ⇒ Reports back from DPH/AIDS Office to HPPC about what has and hasn't been done.
 - Perhaps regular (annual) reports to HPPC on evaluation activities by Strategy.
 - ⇒ Incorporate progress on evaluations as addendum to The Plan.
- A **Timeline** showing when things are to be implemented.
 - ⇒ Including reviewing the Action Steps and submitting them to the Council.
- Provide a **Forum** for the community, DPH, and providers to discuss evaluation.
 - ⇒ Committee meetings are such a forum, are they enough?
- Identify the gaps in **Qualitative Data** and proposing means of address the lack of data.
- Explore and explain the real **Purpose of Evaluation**.
 - ⇒ It should not be looked at as punitive.
 - ⇒ It was noted that the new RFP has components from Strategic Plan, which is a good start to addressing this topic.
 - ⇒ Discussion followed about the meaning, purpose, and culture of evaluation.

The Culture of Evaluation

- Tracey said that part of the HPPC and AIDS Office's purpose should be to change the culture of evaluation and that this Strategic Plan is part of way of addressing this.
- Perry noted the diversity of the communities dealing with prevention makes a consistent view of evaluation difficult.
 - ⇒ The Providers' Contract Managers and the DPH's Evaluation Counselors need to routinely work together on evaluation.
- Tracey explained that a current reorganization within the AIDS Office is partly motivated by the department's need to emphasize a new culture for evaluation.
- Marcel suggested producing an explanatory brochure about evaluation similar to the Condensed Plan for 2001; although perhaps not as elaborate.
 - He explained that this was a glossy, oversized, magazine-like brochure.
 - ⇒ Such a brochure should highlight evaluation's value to both providers and the community.
 - ⇒ He added that it should also be accessible/understandable to providers at all levels of technical expertise.
- Kym suggested ensuring the '*Culture of Evaluation*' is brought up at all community forums.
 - ⇒ She added that when it is discussed in such a setting the explanation should be easily understood and friendly.
- Perry suggested that what evaluation really is needs to be explained; that it is a way to ensure that providers' approach is working and to show who is being reached.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Evaluation Committee

Action Minutes From Meeting:

December 2, 2004

7. Next Steps, Evaluation, and Closure

Perry said that the Committee needs an end point and questioned wrapping up the year's work without a quorum. Tracey explained that the assembled members are empowered to close the term. It was agreed that the 2004 Evaluation Committee's work was completed.

The meeting adjourned at 4:25 PM.

Minutes were prepared by David Weinman, Reviewed by Tracey Packer and Perry Rhodes III.

